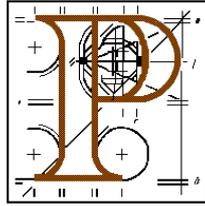

An Bord Pleanála



Inspector's Report

Section 37E of the Planning & Development Act 2000 (as amended)

Development:

Permission sought for a period of 10 no. years for the development of the proposed new National Paediatric Hospital, which is an integrated health infrastructure development comprising 6 no. principal elements and ancillary development as set out below:

(i) a 473 no. bed new children's hospital (up to 118,113 sq.m. gross floor area) at the St. James's Hospital Campus, James's Street, Dublin 8 (which contains Protected Structures);

(ii) a 53 no. bed family accommodation unit (up to 4,354 sq.m. gross floor area) at the St. James's Hospital Campus, James's Street, Dublin 8 (which contains Protected Structures);

(iii) a children's research and innovation centre (up to 2,971 sq.m. gross floor area) at the St. James's Hospital Campus, James's Street, Dublin 8 (which contains Protected Structures);

(iv) a construction compound at the former Unilever site at Davitt Road, Drimnagh, Dublin 12;

(v) a children's hospital satellite centre at The Adelaide & Meath Hospital Dublin (Tallaght Hospital), Belgard Square North, Tallaght, Dublin 24 (up to 4,466. sq.m. gross floor area); and

(vi) a children's hospital satellite centre at Connolly Hospital Campus in Blanchardstown, Dublin 15 (up to 5,093 sq.m. gross floor area).

Proposed Development at the St. James's Hospital Campus, James's Street, Dublin 8

The proposed development on a 8.7 ha site on the St James's campus comprises:

-
- *The demolition of all buildings on the site of the new children's hospital, Family Accommodation Unit and the proposed Children's Research and Innovation Centre;*
 - *A new children's hospital building and associated helipad;*
 - *A two-level underground car park under same, with a further level of shared facilities management hub and energy centre below;*
 - *A Children's Research and Innovation Centre;*
 - *A Family Accommodation Unit;*
 - *Public realm improvements to: the existing St James's campus spine road and the demolition of 2 no. buildings and relocation of parking to accommodate same; the linear park at the Rialto Luas stop and the public steps between Mount Brown and Cameron Square;*
 - *Improvements to the road junction at the existing campus entrance on St James's Street and a new campus entrance piazza from Brookfield Road / South Circular Road, with minor improvements to these roads;*
 - *A new vehicular entrance from Mount Brown;*
 - *A realigned internal campus road;*
 - *A new shared flue stack for the St. James's Hospital campus; and,*
 - *A range of infrastructure works, including the diversion of the existing Drimnagh Sewer and revised boundary treatments.*

The new children's hospital building, including 380 no. inpatient bedrooms (of which 60 no. are critical care beds), 93 no. day beds, emergency department, operating theatres, a family resource centre, outpatients departments, hospital school, education facilities, therapy areas, staff and visitor canteen, pharmacy, pathology department, public and staff circulation areas, plant and related servicing areas, will be located on a 4.85ha site (that includes the family accommodation unit) at the western side of the St. James's Campus that is bound to the east by the existing adult hospital, the north by Mount Brown / Faulkner Terrace, the west by Cameron Square, Brookfield Road and South Circular Road and to the south by St. James's Walk Park and the Rialto Luas stop. The proposed building will vary in height from three storeys with a recessed podium level fronting onto South Circular Road and the internal access road (facing west / northwest towards the rear of Cameron Square), to four storeys at the northern, eastern and southern elevations. The proposed central oval-shaped ward pavilion rises a further three storeys above the podium garden level with a plant area enclosed in the roof space above (giving a total of seven storeys above ground level) and additional exhaust

flues rising from the roof structure at the northern and southern extents of the ward block. The proposed new children's hospital building will have three below-ground levels as follows: a lower ground floor level accommodating clinical space including outpatients, sterile services, mortuary and pathology and car parking; basement level B01 which accommodates further car parking; and, basement level B02 that accommodates a shared service yard, facilities management hub, plant areas and underground distribution corridors to serve the children's hospital and St. James's campus as a whole. An underground tunnel is proposed, leading eastwards from the new children's hospital building level B02, to a new single storey (above ground) facilities management lift core located directly to the north of existing St. James's Hospital outpatients department (total area created at ground level is 470 sq.m. with a further 205 sq.m. at basement level). Level B02 also accommodates the energy centre for the proposed new children's hospital. A helipad is proposed at the garden podium level on the southern elevation facing St. James's Walk (at 41.75m, Ordnance Datum). Accessible landscaped external terraces are proposed on the second and third floors on the western / northwestern elevation gable ends. An accessible roof garden is also proposed at fourth floor level wrapping around the ward block, with additional garden spaces proposed in the centre of the ward block. The overall height of the building to ridge level of the roof structure is up to 34.95m (Ordnance Datum 55.95m) and up to 37.95m to the top of the flues on the roof (Ordnance Datum 58.95m) above a revised ground level of Ordnance Datum 21m at the proposed entrances. The gross floor area of the building will be up to 118,113 sq.m. with an additional 32,223 sq.m. provided for the underground parking of vehicles.

A new vehicular entrance serving the service yard and lower level B02 basement car park is proposed off Mount Brown at the Northern end of the site. The existing public entrance at Brookfield Road / South Circular Road will be relocated further north and will lead to a new entrance piazza and drop off zone at the main entrance to the new children's hospital building and campus access road, which provides access to car parking on the lower ground level, a new dedicated surface car park and ambulance drop off adjacent to the proposed children's hospital emergency department and the remainder of the St. James's Hospital Campus. Other infrastructure upgrades will include new bus stops within the campus, upgrade works to the South Circular Road / Brookfield Road campus entrance, the provision of a new cycle lane along South Circular Road, the upgrading of the St. James's Hospital access from James's Street, where it is proposed to carry out improvements to the James's Street entrance junction and minor improvements at the proposed Mount Brown entrance. An additional entrance to the hospital is proposed to be provided at the southern end of the new children's hospital building, adjacent to the Rialto Luas stop with upgrade works proposed to the linear

park at this location (which will be temporarily used to accommodate a campus access road during construction). Parking for the new children's hospital and family accommodation unit is provided by way of 28 no. spaces at surface level to serve the proposed emergency department and 972 no. spaces at basement level. 400 no. bicycle parking spaces are provided as part of the proposed development at ground (50 no.) and basement (350 no.) levels. Signage is proposed on the southern elevation above the proposed entrance, at the entrance to the lower level parking and service areas at Mount Brown, at the main entrance piazza on the southern elevation of the north west finger and on the eastern elevation above the ambulant and ambulance entrance canopies.

The proposed development includes the demolition of 20,539 sq.m. of existing buildings at St. James's Hospital campus to facilitate clearing the site for the proposed new buildings. The following demolitions are proposed: single storey orthodontic department and the anaesthetic dental clinic; part single / part two storey / part three storey Hospital 7; single storey chapel; single storey rheumatology day centre / dept. of neurology / renal medicine; part single / part two storey general support services; single storey veins unit; single storey physiotherapy / cardiac rehabilitation building; two storey speech and language therapy department; part single / part two storey hepatology centre; two storey national centre for hereditary coagulation disorders; single storey national medical information centre; single storey private clinic; single storey information management systems building; part single / part two storey technical services building; single storey medical gases building; part single / part two storey ambulance centre; two storey Garden Hill house; single storey laundry services building; part single / part two storey materials management building; part single / part two storey plant room for Hospital 7; two storey derelict schoolhouse on the site of the Children's Research and Innovation Centre. Other sundry demolition and site clearance works include: underground oil tanks; oxygen compound; internal retaining walls and boundary walls, gates and fences where indicated; portion of existing underground utility tunnel; natural gas metering skid to south of the site adjacent linear park; existing advertising sign at junction of South Circular Road and linear park. It is also proposed to divert the existing Drimnagh Sewer that traverses the site in a south to north direction from the linear park to Mount Brown. The new sewer location will be located to the east of the new children's hospital building. It is proposed to remove the existing St. James's Hospital Campus energy centre flue stack and replace it with a new flue stack comprising 16 no. flues in square plan form to a maximum height of 59.7m Ordnance Datum at a revised location immediately to the south of the existing flue stack.

The proposed 53 no. bed family accommodation unit measures up to 4,354 sq.m. gross floor area in a two to four storey above ground level structure (with a single basement level) that is located to the north of the new campus access road on its junction with Brookfield Road, with frontage onto both roads, rising to a maximum height of 36.1m Ordnance Datum (c.15m high above campus road level). The proposed building will be accessed from the new campus road with a basement level link to the new children's hospital.

The proposed Children's Research and Innovation Centre, with a gross floor area of up to 2,971sq.m. will be located at the north western corner of St. James's Hospital Campus, between the Trinity Centre for Health Sciences and the Haughton Institute, a protected structure (Protected Structure Ref. No. 4011a), with frontage onto James's Street on a 0.14ha site. The building will vary in height from four storeys on James's Street (northern elevation) to three storeys on the campus (southern) side with a lower ground floor level that fronts onto James's Street. At roof level 2 no. fume extract fans project to a level of 36.24m Ordnance Datum.

The proposed development also includes all ancillary site clearance, construction, site development and landscaping works, which include but are not limited to: reinstatement and upgrading of the concrete steps and edge boundary treatment from Mount Brown to the east of Cameron Square; the removal of 540 no. parking spaces to facilitate the construction of the children's hospital and the removal of 40 no. parking spaces for the Children's Research and Innovation Centre; reinstatement and upgrading up to the fence boundary with St. John's lane; replacement of existing boundaries on South Circular Road and the boundary with the linear park to the south; upgrading works to entrances, footpath and roadways at South Circular Road/Brookfield Road, Mount Brown and James. Street; relocation of existing ESB substation; installation of new oxygen tanks and ESB sub station to the West of the existing St. James's Hospital Energy Centre Building; all required ancillary hospital directional signage; required medical gas installations; and, the upgrading of pedestrian access through the campus from James's Street and the re-provision of 24 no. car parking spaces in the location of the existing dental buildings.

Davitt Road Construction Compound, Former Unilever Site, Davitt Road, Drimnagh, Dublin 12

Permission is being sought, for a period of up to 10 years, for the provision of a construction compound of 0.80 ha on a 1.29ha site at the former Unilever Site at Davitt Road, Drimnagh, Dublin 12 to facilitate the construction of the National Paediatric Hospital development at St. James's Hospital Campus in order to accommodate a dry storage and staging area during the construction phase. The compound area of 0.80 ha will be enclosed with a 2.4m high

timber hoarding, with gates at the northeast corner opposite the existing entrance from Davitt Road. The compound will be offset 5.0m from the boundary with the permitted Health Service Executive ambulance base to the west (Dublin City Council Reg. Ref. No. 2309/15), and is located to avoid an existing wayleave through the site along the road frontage to the north.

Proposed Development at The Adelaide & Meath Hospital Dublin (Tallaght Hospital), Belgard Square North, Tallaght, Dublin 24

The proposed development of the satellite centre for the delivery of urgent and out-patient care at a 1.04 ha site at the Adelaide and Meath Hospital (Tallaght Hospital) comprises the construction of an extension of up to 3,142 sq.m. to the hospital and refurbishment works of up to 1,324 sq.m. at ground floor level of the existing hospital building as part of the National Paediatric Hospital development. The development will be located on an open area of grass west of the hospital access road and south of the main adult hospital entrance, abutting the gable end of the existing ward and administration block and will connect back into the existing hospital through the existing refurbished ground floor of the existing administration department. The proposed building will be three storeys in height with roof top plant area at 118.075m Ordnance Datum or up to 15.575m at its highest point (flues extend to 119.2m Ordnance Datum) above the street level at the new entrance (the Ordnance Datum at the adjacent existing pavement is 102.5m).

The entrance on the northeast of the new building is adjacent to the existing main hospital set down and pick up area. The proposed development will provide 5 no. new cycle hoops and 10 no. existing relocated cycle hoops located to the west of the main entrance to the proposed building. The proposed development will relocate 25 no. visitor car parking bays to the south-east of the proposal and 2 no. delivery parking bays adjacent to the existing building. A new pedestrian access will be provided from the existing footpath along the hospital road to the East with a new pedestrian crossing being created to allow safe access across the junction of the perimeter access road. A new entrance canopy will be provided linking the main entrance to the existing drop off area adjacent to the canopy. The proposal also provides for all ancillary building and directional signage, landscaping, construction and site development works including minor alterations to the internal roads and footpaths and the demolition of the existing hospital crèche and staff changing facilities unit, both single storey modular prefabricated buildings.

Connolly Hospital, Blanchardstown, Dublin 15

The proposed development of the satellite centre for the delivery of urgent and out-patient care on a 1.25 ha. site at Connolly Hospital comprises the construction of a three storey extension of up to 4,990 sq.m. to the hospital

and internal reconfiguration works of up to 103 sq.m. to the existing hospital as part of the National Paediatric Hospital development. The proposed development will be located to the east of the existing main entrance on an area of open grass and will connect back into the existing hospital via a new link corridor. An existing garden located to the west of the existing hospital entrance will be integrated with the new development. The building height will be 66.425m above Ordnance Datum or up to 12.125m high at its highest point (flues extend to 67.72m Ordnance Datum) above the street level at the new entrance (the adjacent existing pavement is 54.300m Ordnance Datum). The entrance on the west of the new building will be accessed from the reconfigured existing hospital set down and pick up area. The urgent care entrance is located on the east elevation of the building adjacent to the ambulance parking area.

The proposed development will provide 34 no. visitor car parking bays and 46 no. staff parking bays (including 1 no. disabled parking bay), 3 no. ambulance parking bays and 3 no. delivery parking bays to the east of the proposed development. The proposed development will provide 7 no. new cycle hoops located to the north of the main entrance, adjacent to the existing retained cycle parking. A new pedestrian access will be provided from the existing footpath along the hospital road to the west. The proposal also provides for all ancillary building and directional signage (including a totem sign), landscaping and site development works including minor alterations to the internal roads and footpaths.

An Environmental Impact Statement (EIS) and a Natura Impact Statement (NIS) have been prepared in respect of the proposed development.

File Reference 29N.PA0043

Application

Applicant: The National Paediatric Hospital Development Board

Type of Application: Section 37E of the Planning & Development Act 2000 (as amended)

Planning Authorities: Dublin City Council (for St. James's Hospital Campus and Davitt Road sites)
South Dublin County Council (for Tallaght Hospital site)
Fingal County Council (for Connolly Hospital Campus site)

Prescribed Bodies:

- Transport Infrastructure Ireland (TII)
- National Transport Authority (NTA).
- Inland Fisheries Ireland (IFI)
- Minister for Health, Leo Varadkar TD.
- Development Applications Unit, Dept. of Arts, Heritage & the Gaeltacht
- An Taisce, The National Trust for Ireland
- Irish Water (IW)
- Irish Aviation Authority (IAA)

Observers:

- Oisín Ó hAlmhain, Green Party Dublin South Central
- St. John Bosco Youth Centre, Davitt Road, Drimnagh, D. 12.
- Drimnagh Residents' Association
- Fr John Collins, Moderator, Parish of St. James, The Presbytery, James's St., D. 8.
- Aengus Ó Snodaigh TD & others
- Elida Maiques, Cameron Sq., Kilmainham, D. 8.
- Triona Hensey, Cameron Sq., Kilmainham, D. 8.
- Margaret Healy, Cameron Sq., Kilmainham, D. 8.
- Barbara and Aoife Henkes, Cameron sq., Kilmainham, D. 8.
- Deirdre Carroll, Cameron Sq. Kilmainham, D. 8.
- V. O'Meara, C. O'Reilly & B. Hughes, Madison Road, Kilmainham, D. 8.
- N. Dever, J. Flood & S. Malone, Madison Road, SCR, D. 8.
- Anne Lowen, Mayfield Road, Kilmainham, D8.
- Cathy McGennis, SCR, Kilmainham, D. 8.
- Michael Hennigan, SCR, D. 8.
- Mr J. Lunn, MB BCh BAO, MCh, FRCSI & Dr. Paula Lunn, Ph.D., SCR, D. 8.
- O. Curtain & S. Farrelly, SCR, Kilmainham, D. 8.
- L. McDonald, SCR, Kilmainham, D. 8.
- Garret Brady, SCR, Kilmainham, D. 8.
- Desmond Cox, Dufferin Avenue, SCR, D. 8.
- Elena Cassidy and John Cassidy, SCR, Kilmainham, D. 8.
- Conor O'Donnell, SCR, Kilmainham, D. 8.
- Philip Ward, SCR, Kilmainham, D. 8.
- Dublin Swift Conservation Group
- Tanya Kenny & Daniel Watkins, SCR.
- Mary Kearney & Joe Ruane, SCR.
- Neil Donnellan and Caroline Leaden & others, Mountshannon Rd., Kilmainham, D. 8.
- South Circular Road, Kilmainham Residents' Association
- Norah and Brian Bailey, SCR, D. 8.

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- Lorraine Murray, SCR, Kilmainham, D. 8.
 - Claire Butler, New Ireland Rd., Rialto, D. 8.
 - Mairéad Déiseach, SCR, D. 8.
 - Brookfield Road Residents Association
 - John McMorrin & Josephine McMorrin, Lorne Terrace, Brookfield St., D. 8.
 - Marco Di Marzio, Brookfield Rd.
 - John Raynor, Brookfield Rd.
 - Martina Hennessy, Brookfield Rd.
 - Ruth Cassidy, Brookfield Rd.
 - Gordon Smyth, Brookfield Rd.
 - Maria Conway, Brookfield Rd.
 - Ceannt Fort Residents' Association
 - St. James's Concerned Residents
 - McDowell Avenue Residents
 - Rory O'Callaghan, McDowell Ave., Ceannt Fort, Kilmainham, D. 8.
 - Anthony Keane, McDowell Avenue, Ceannt Fort, Kilmainham, D. 8.
 - Emer Casey, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.
 - Timothy Ferris, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.
 - Jean Early & John Lane, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.
 - Nigel Buchalter, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.
 - G. & R. Ray, J. & M. McGuinness, J. & B. Meehan, O'Reilly Avenue, Ceannt Fort, D. 8.
 - Heather Iland, O'Reilly Avenue, Ceannt Fort, D. 8.
 - Vanessa Leonard and John Murphy, Donnellan Avenue, Ceannt Fort, Kilmainham, D. 8.
 - Sean Finn, Faulkner's Terrace, Kilmainham, D. 8.
 - Dr. James M. Sheehan FRCSI. MB. Ph.D., B.Sc., MSc., C.Eng., FIEI, FAEI., Cross Avenue, Blackrock, Co. Dublin.
 - Tallaght Hospital Action Group
 - Dr. Pamela O'Connor, Consultant Neonatologist, Our Lady's Children's Hospital Crumlin and The Coombe Women and Infants University Hospital.
 - Mummupages.ie, Beacon South Quarter, Sandyford, D. 18.
 - The Extra Special Kids' Group of Ireland
 - The New Children's Hospital Alliance
 - Prof Mark Redmond and others, Department of Paediatric Intensive Care, Our Lady's Children's Hospital, Crumlin, D. 12.
 - Jack & Jill Foundation
 - National Conservation & Heritage Group
 - Christine Priestly, Kerdiff Avenue, Naas, Co. Kildare.
 - Peter Sweetman & Associates, Lower Rathmines Road, D. 6.
 - Alan & Cathy McGrath, Kilmurry, Gorey, Co. Wexford.
 - Caitlin Woods, Cois Abhainn, Kiltimagh, Co. Mayo.

-
- Keith Kissane, Freeport, Barna, Co. Galway
 - Fintan & Barbara Coughlan, Castletown, Athboy, Co. Meath
 - Dunboyne Mums, c/o Elton Court, Millfarm, Dunboyne, Co. Meath.
 - Fionnbar Walsh, Blennerville, Tralee, Co. Kerry
 - Christine & David Harmes, Luttrellstown Walk, Castleknock, D. 15.
 - St. Martin's Residents' Association, St. Martin's Drive, Kimmage, D. 6W.
 - Mark Dunne, Fawn Lodge, Castleknock, D. 15.
 - Desmond J. Riordan, Parkview, Castleknock, D. 15.
 - Gloria Rooney, Killakee Drive, Walkinstown, D. 12.
 - Sean Mallon & others, Kinnegad, Co. Westmeath.
 - Sean Lyons, M.Sc., M.Eng., Ph. D., Eng. D., Academic Emeritus, Coolmine Woods, Blanchardstown, D. 15.
 - Mark Hennelly, Cloister Grove, Blackrock, Co. Dublin.
 - Michael C. Muldoon, Rhode Village, Tullamore, Co. Offaly.
 - Andrew Whelan, Stonepark Abbey, Rathfarnham, D. 14.
 - Dr. Peter A. Healy, Fortfield Avenue, Terenure, D. 6W.
 - Aaron Daly, Ardmore Park, Dún Laoghaire, Dublin.
 - Seamus Healy, Carinya, Ballincar, Sligo.
 - Valerian O'Shea, Sandymount Avenue, Ballsbridge, D. 4.
 - Association of Combined Residents' Association
 - Marian Carroll, CEO, Ronald McDonald House Charity of Ireland Ltd., Our Lady's Children's Hospital, Crumlin, D12.
 - Mary O'Connor, Ballintyre Meadows, Ballintyre Hall, Ballinteer, D. 16.
 - Dr. Ciara Martin, Clinical Director of Paediatrics, The Adelaide & Meath Hospital, Tallaght, D. 24.
 - Dr. Peter Greally, Children's Hospital Group, The Adelaide & Meath Hospital, Tallaght, D. 24.
 - Dr Turlough Bolger, Chair of the Paediatric Medical Advisory Committee, Tallaght Hospital, D. 24.
 - Mona Baker, CEO, Temple Street Children's University Hospital, D. 1.
 - Orla Kennedy, CEO, Children in Hospital Ireland, Coleraine St., D. 7.
 - Prof. Alf Nicholson, Clinical Lead, RCSI Professor of Paediatrics and Consultant Paediatrician, Temple Street Children's University Hospital and Dr. John Murphy, Clinical Lead, Consultant Neonatologist National Maternity Hospital, Holles Street, both c/o Royal College of Physicians of Ireland, Setanta Place, D. 2.
 - Prof. Timothy O'Brien, Dean, College of Medicine, Nursing & Health Science, NUI Galway.

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Part 1 – The Application

Part 1 – The Application

1.1 SITE LOCATIONS AND DESCRIPTIONS

There are four sites in this application. The largest site, and the site where the largest quantum of development is proposed, is located within the existing St. James's Hospital campus in Dublin 8. This site is located within the administrative area of Dublin City Council. The next site, also located within the administrative area of Dublin City Council, is located off the Davitt Road in Drimnagh, Dublin 12. Of the two other sites, one is located within the grounds of The Adelaide and Meath Hospital, also known as Tallaght Hospital, in Tallaght, Dublin 24. That site is located within the administrative area of South Dublin County Council. The fourth site is located within the grounds of James Connolly Memorial Hospital in Blanchardstown in Dublin 15. That site is located within the administrative area of Fingal County Council. The following is a description of each site:

1.1.1 St. James's Hospital site:

The overall campus has a stated area of some 19.4 ha and is located in the Kilmainham and Rialto areas of the city. The main section of the application site here is located towards the western end of the existing campus and measures some 4.85 ha. However, the site also encompasses the area of the internal access road, the existing James's Street entrance and an area with frontage onto James's Street adjacent the existing Trinity Centre for Health Science building located in the northern section of the campus, the application boundary therefore encompasses some 8.75 ha. The campus is bounded, for the most part, by Mount Brown and James's Street to the north. The campus also surrounds on three sides an established residential development to the north known as Ceannt Fort. To the north-west of the application site there is another established residential development backing onto the site known as Cameron Square. Also to the west of the site are the predominately residential Brookfield Road and the South Circular Road (hereafter the SCR). The application site and campus is bounded to the south by a linear park, the Red Luas line runs parallel to the southern boundary of the campus along this linear park. There are two Luas Stops in this park, one, the 'Rialto Stop' is located adjacent the southern boundary of the application site and the second, the 'Fatima Stop', is located at the eastern end of the southern boundary to the campus. There is a seven storey building under construction on the campus adjacent this latter Luas stop. The Luas line at this location swings north and travels along, and within, the eastern section of St. James's campus and exits onto James's Street to the north-east of the campus at the main vehicular entrance to the hospital. There is another Luas stop located adjacent this main entrance known as the 'James's Stop'. There are some 23 buildings and structures within the application site boundary that are to be demolished to make way for the proposed development at this location.

These buildings vary in height, from single storey to three-storey, they vary in age, from early C19th to the late C20th, they vary in use, with existing uses that include offices, clinics, ambulance centre, laundry services, storage, hospital, and a place of worship, they vary in condition, from derelict/vacant to good, and they vary in style, architectural expression and finish.

1.1.2 Davitt Road site:

The Davitt Road site is located c. 1.6 km to the south-west of the St. James's site. The application site here is of c. .8 ha and is located towards the centre of a larger holding of c. 1.29 ha. It is a vacant site with the Davitt Road running along its northern boundary, the Red Luas line also runs along this road. Lands to the south-east, south and west of this holding accommodate, for the most part, established residential areas with dwellings backing onto this holding. The boundary between the holding and these neighbouring dwellings consists of a c. 2.2 m high concrete blockwork wall. There is an existing vehicular entrance off the Davitt Road. This existing entrance is located along a straight stretch of the Davitt Road, sight visibility in both directions is good. There is a footpath along the frontage with the public road. The St. John Bosco Youth Centre is located to the east of the subject holding.

1.1.3 Tallaght Hospital site:

The existing Tallaght Hospital campus is located immediately north of Tallaght Town Centre. The main vehicular entrance to the hospital campus is from Belgard Square North which is to the south of the hospital. The western boundary of the campus is defined by Cookstown Way, the Red Luas line also runs along the western boundary and the 'Hospital Stop' is located adjacent the southern end of this western boundary. There is a new gateway to the campus constructed adjacent this Luas stop but it does not appear to have been commissioned to date. The application site is contained within the existing overall campus holding i.e. the application site boundaries and the holding boundaries do not overlap. As a consequence, the application site is a remove from all other developments outside of the campus boundary. The application site is located on the eastern side of the hospital, south-east of the existing main hospital entrance on a site of stated area of 1.04 ha. The main body of the application site is a triangular shaped green space, bound to the north, south and east by internal hospital roads. It also incorporates a section of the existing hospital building and a small portion of the internal road and car park to the south. The site is relatively flat and being located to the west of the main internal hospital road, as indicated above, is removed from the surrounding uses to the east.

1.1.4 Connolly Hospital site:

The Connolly Hospital campus is located on the north-eastern side of the Navan Road, the N3, in close proximity to the N3/M50 interchange in Blanchardstown in Dublin 15. It is a large campus with a plentiful supply of open green areas across the holding. The River Tolka runs along the south-western and southern boundary of the campus and there is a dense woodland along the banks of the river here. There is an established residential area to the north-west of the campus, known as Waterville, to the north of that development the National Aquatic Centre is located. The application site here is located to the front of the existing hospital on the campus. The site has a stated area of 1.25 ha. It currently consists mainly of an open green area but also incorporates part of the access road and drop-off area to the front of the main entrance to the existing hospital. The site is completely contained within the boundaries of the overall holding and is thus far removed from established uses outside of the hospital campus.

1.2 THE PROPOSED DEVELOPMENT

As indicated in the above section, there are four sites subject of this application. The following is a description of the proposed development at each location.

1.2.1 Development proposed at the St. James's site:

1.2.1.1 The largest quantum of development proposed under this application will be on the site in St. James's campus. There are three buildings proposed here: the main National Children's Hospital building (NCH), a Family Accommodation Unit (FAU), and a Children's Research and Innovation Centre (CRIC).

1.2.1.2 The main NCH building will be located at the western end of the St. James's campus, it has a stated gross floor area of 118,113 sq.m. and will accommodate 473 beds. This building will vary in height from three storeys with a recessed podium fronting onto the SCR, to four storeys at its northern, eastern and southern elevations, to seven storeys at a central oval-shaped ward pavilion. There will be three levels below the ground level accommodating: clinical space; car parking; services; plant; facilities management space; underground distribution corridors (serving the NCH and St. James's), and an energy centre. The underground car park, which will be accommodated across two levels, will have 972 car parking spaces, there will be a further 28 car parking spaces at surface level adjacent the proposed emergency department entrance which will be on the eastern side of the NCH. The NCH will also provide 350 bicycle spaces in the basement and 50 at ground level. There will be two vehicular entrance/exits to the basement car park, one off an internal road at the northern end of the NCH and the other off a new vehicular

entrance proposed off Mount Brown to the north of the site. In addition to the entrance to the emergency department mentioned above at the eastern side of the NCH building, there will be three other entrances to the hospital. The main entrance will be at the western side of NCH where a plaza and pick-up/drop-off area is proposed at the Brookfield Road side of the development. There will be an entrance at the southern elevation that fronts onto the linear park, this will be in close proximity to the existing Rialto Luas Stop. There will also be an entrance at the northern end of the NCH. A helipad is proposed above the fourth floor roof garden at the southern end of the NCH. Amenity open spaces are proposed at second, third and fourth floors, with the main area of amenity open space being the roof garden proposed at the fourth floor which wraps around the oval-shaped ward block. There will also be an area of open space, referred to as the 'meadow garden', at ground level just outside the northern entrance to the building.

1.2.1.3 The FAU building will be located across the internal access road from the proposed plaza and pick-up/drop-off at the main entrance to the NCH. It will accommodate 53 no. bed family accommodation units. It has a stated gross floor area of 4,354 sq.m. It varies in height too, varying from two to four storeys. In addition to having a main entrance across from the above mentioned plaza, it will also be accessible internally from the basement car park serving the NCH.

1.2.1.4 The CRIC building will be located at the north-eastern end of the St. James's campus. It will be located to the west of the existing Trinity Centre for Health Science and to the north-east of the Haughton Institute building which is a protected structure. The CRIC building's north elevation will front onto James's Street. The main entrance to the CRIC will be off the St. James's campus itself. Given the change in ground levels between the site and James's Street, the elevation onto the public street will be four storeys while the southern elevation onto the campus will be three storeys in height. This building will be for academic research relating to paediatric care. It has a stated gross floor area of 2,971 sq.m. There will be a laneway with steps down to James's Street located between the Trinity Centre for Health Science and the CRIC eastern elevation, this pedestrian route will create a new link between St. James's campus and the public street.

1.2.1.5 Other development proposed at the St. James's site includes demolition works to accommodate the NCH, FAU and CRIC. Improvement works to existing steps off Mount Brown to Cameron Square to the north-west of the NCH, a new pedestrian access to the campus will be created at the southern end of these renovated steps. The existing access road through St. James's campus is to be

realigned. The realigned road will provide access to the plaza entrance at the NCH's western side, to the basement car park entrance at its northern side, and to the emergency department entrance at its eastern side. Revised boundary treatments are also proposed under this application and an existing main trunk sewer across the site is to be diverted also pursuant to this application.

1.2.2 Davitt Road Construction Compound

This site is to be used on a temporary basis to facilitate construction activities at the main development site located at St. James's. There are no buildings or permanent structures proposed at the Davitt Road site. The site is to be used for dry storage of goods and a staging area during the construction phase at St. James's. An existing vehicular entrance to the site is to be utilised for activities here. A 2.4 m high hoarding is proposed around the site at the Davitt Road.

1.2.3 Satellite Centre at Tallaght Hospital:

As part of the 'Model of Care', the development proposes two satellite centres that will accommodate Urgent Care and out-patient services. One of the proposed satellite centres will be located at Tallaght hospital and will, in part, form a new build extension to the existing hospital and, in part, incorporate some of the existing ground floor of the main hospital building. The satellite centre will be located on the eastern side of the hospital, south east of the main entrance on a site of stated area of 1.04 ha. The new building will be located on a triangular shaped green space, bound to the north, south and east by internal hospital roads. The development will also incorporate a small portion of the internal road and car park to the south. The satellite centre here will have a gross floor area of 4,466 sq.m. including the incorporated existing floor area. The proposed building will be three storeys in height, or up to 15.575 m at its highest point. The proposal includes for the relocation of 25 no. visitor car parking bays to the south-east of the satellite centre and 2 no. delivery parking bays adjacent to the existing building. A new pedestrian access will be provided from the existing footpath along the hospital road to the east with a new pedestrian crossing being created to allow safe access across the junction of the perimeter access road. A new entrance canopy will be provided linking the main entrance to the existing drop off area adjacent to the canopy. The proposal also provides for all ancillary building and directional signage, landscaping, construction and site development works including minor alterations to the internal roads and footpaths and the demolition of the existing hospital crèche and staff changing facilities unit, both single storey modular prefabricated buildings.

1.2.4 Satellite Centre at Connolly Hospital:

The other satellite centre will be located in the grounds of Connolly Memorial Hospital located to the north-east of the N3 in Blanchardstown, Dublin 15. It will be three storeys high and will accommodate 4,990 sq.m. of floor space. It will be constructed as an extension to the existing general hospital that operates on the overall holding. The satellite centre will be located to the front of the existing hospital but offset to the east of the existing main entrance. It will have its own entrance off a reconfigured existing hospital set-down and pick-up area located at its western end. The urgent care entrance will be located on the eastern side of the proposed building adjacent to the ambulance parking area. It is estimated that approximately 90 staff will work at the satellite centre with an estimated 15,000 outpatient appointments and 25,000 urgent care visits to be catered for annually. The proposal includes for 34 additional visitor surface car parking spaces and 46 staff parking spaces, as well as additional bicycle parking facilities.

The application was accompanied by an EIS and a NIS.

1.3 THE DEVELOPMENT PLANS

1.3.1 Dublin City Development Plan 2011-2017 (for the St. James's hospital site and Davitt Road site.)

The following sections, policies or objectives of the Dublin City Development Plan 2011-2017 are relevant to this application (copies of the relevant extract are in the appendix attached to this report for ease of reference for the Board):

The St. James's site is located in an area where the land-use zoning objective is Z15: '*To protect and provide for industrial and community uses and to ensure that existing amenities are protected*' as indicated on Map E of the said CDP. The residential development to the north of the site, Ceannt Fort, is zoned Z2: '*to protect and/or improve the amenities of residential conservation areas*'. Residential developments immediately to the west of the site, Cameron Square and Brookfield Road, are zoned Z1: '*to protect, provide and improve residential amenities*'. The Davitt Road site is located in an area where the land-use zoning objective is Z10: 'To consolidate and facilitate the development of inner city and inner suburban sites for mixed-use development of which office, retail and residential would be the predominant uses'.

S.15.9: 'Transitional Zone Areas

S.16.4: 'Principles for Building Height in a Sustainable City'

Policy SC18: relating to skyline of the inner city.

Ch. 17: 'Development Standards' – 'Private & Communal Open Space', page 257

S.17.4: 'Plot Ratio'
S.17.5: 'Site Coverage'
S.17.6: 'Building Height in a Sustainable City'
S.17.9.1: 'Residential Quality Standards'
Table 17.1 'Car Parking Standards'
Table 17.2 'Cycle Parking Standards'

1.3.2 South Dublin County Council Development Plan 2011-2016 (for the Tallaght hospital site)

The following sections, policies or objectives of the South Dublin County Council Development Plan 2011-2016 are relevant to this application (copies of the relevant extract are in the appendix attached to this report for ease of reference for the Board. A new statutory development plan for the area is due for adoption in mid-2016):

The site is located in an area where the land-use zoning objective is CT: *'To protect, improve and provide for the future development of the County Town of Tallaght'*

Policy H7: Institutional Lands Densities
Policy EE2: Employment Developments
Policy EE3: Third level and Medical Institutions
Policy EE9: Economic Clusters
Policy TDL4: Mixed Use in Town and District Centres
Policy TDL7: Tallaght County Town
Policy TDL10: Tallaght Education City and Innovation City
Policy ES2: Waste management Plans
Policy ES13: Hazardous Waste Minimisation

Tallaght Town Centre Local Area Plan: Section 4.11 Hospital

1.3.3 Fingal County Development Plan 2011-2017 (for Connolly hospital site)

The following sections, policies or objectives of the Fingal County Development Plan 2011-2017 are relevant to this application (copies of the relevant extract are in the appendix attached to this report for ease of reference for the Board):

The site is located in an area where the land-use zoning objective is CI- *'Community Infrastructure – to provide for and protect civic, religious, community, education, health care and social infrastructure'*.

Section 7.6 'Health Centres/Services'
Section 4.1 including 'Bus and Quality Bus Corridors'
Objective UD01 'Detailed Design Appraisal'
Objective UD02 'Contemporary Architecture'

1.4 PLANNING HISTORY

1.4.1 St. James's Hospital Site:

There is a significant planning history pertaining to the St. James's site. The two histories hereunder are considered to be of some direct relevance in relation to the current application.

2751/09 (PL 29S.236070): Permission granted with conditions for the demolition of chapel building and other buildings, construction of an 8-storey private hospital on approx. 1.148 ha within the grounds of St. James's hospital, Dublin 8. (History file attached to current application.)

3607/12: Permission granted on the 27/03/13 for a development described as follows: *'The development will consist of the construction of a new facility for the Mercer's Institute for Successful Ageing on an approximately 0.88 hectare site in the southern part of the hospital site bounded by the open space known as St. James's Linear Park. parallel to St. James's Walk to the south comprising: The demolition of a two-storey red brick former Matron's facility: 185 sqm. single storey temporary structures (doctor's on-call accommodation building: 500 sqm); a single storey conservatory (northern elevation of Hospital 5: 40sqm); and a portion of the western part of a two storey hospital building (Hospital 5: 240sqm) with combined total of 965 sqm.; The construction of a part two, part four and part seven storey hospital building (28 metres high to roof level; 30.85 metres to top of roof of access lobby on part of roof) totalling 15,018sqm providing clinical facilities and clinical support facilities at ground and first floors; 124 no. bed ward accommodation on second to seventh floors; research facilities and offices of the Mercer's Institute and administrative office and support services accommodation; incorporating roof terraces at second, third, fourth, fifth and sixth floors on the southern elevation and at second floor on part of the northern elevation of the building; and the construction of a single storey pedestrian corridor and ancillary accommodation structure at ground level linking the proposed facility and the main hospital concourse; The provision of the first phase of a landscaped plaza together with a set down and drop off area, disabled parking, steps, paving and seating and pedestrian link to the adjoining Linear Park to the south (located adjacent to Fatima LUAS stop); All other site development works above and below ground required to facilitate the development including internal circulation routes, pedestrian walkways, hard and soft landscaping and lighting.'* The development is now under construction and is referred to in this report as the MISA building.

1.4.2 Davitt Road Site:

2309/15: Permission granted on the 08/06/15 for a development described as follows: *'The Health Service Executive, intend to apply for*

planning permission for development (total gross area 1839 sq.m) at a 1.29 ha site to the rear of the former Unilever site at Davitt Road, Drimnagh, Dublin 12. The proposed development will consist of the construction of a part single storey, part two storey Ambulance Base (1,612.29 sq.m gross area) with 37 no. ambulance fleet vehicle parking bays with associated canopies, 40 no. car parking spaces, enclosed vehicle wash (105.55 sq.m gross area), enclosed motorcycle and bicycle structure (120.18 sq.m gross area), internal gates and landscaping areas. The proposed development also includes connections to the public water infrastructure, the creation of a new entrance to the site at Davitt Road including associated security gates, and all associated site development and landscaping works.'

1.4.3 Tallaght Hospital Site:

Some 27 planning histories pertaining to the Tallaght hospital holding are listed on pages 4-8 of the South Dublin County Council Report to the Board dated 15/10/15, I have reviewed those histories and am of the opinion that none are directly relevant in this instance. Some 24 planning histories pertaining to the hospital campus are listed in the applicant's Appendix 3.2 in Chapter 2 of EIS Appendix 2 on file, I have reviewed those histories and am of the opinion that none are directly relevant in this instance.

1.4.4 Connolly Hospital Site:

Some 19 planning histories pertaining to the Connolly hospital holding are listed in 'Section 1' of the Fingal County Council Report to the Board dated 14/10/15. I have reviewed those histories and am of the opinion that none are directly relevant in this instance. Some 22 planning histories pertaining to the hospital campus are listed in the applicant's Appendix 3.3 in Chapter 2 of EIS Appendix 2 on file, I have reviewed those histories and am of the opinion that none are directly relevant in this instance.

1.5 PLANNING AUTHORITIES' REPORTS

As previously indicated, there are four sites subject of this application. Two of them, one at St. James's Hospital campus in Dublin 8 and one off Davitt Road in Dublin 12, are within the administrative area of Dublin City Council. The third site is located within the grounds of The Adelaide & Meath Hospital in Tallaght, which is within the administrative area of South Dublin County Council. The fourth is in the grounds of James Connolly Memorial Hospital in Blanchardstown, Dublin 15, which is within the administrative area of Fingal County Council.

Reports were received from all three Planning Authorities

1.5.1 Dublin City Council (for St. James's Hospital and Davitt Road sites):

The contents of the submission from the above to the Board can be summarised as follows:

- Assistant Chief Executive's Report:
 - The Dublin City Council (hereafter DCC) has concluded that the proposed development is compliant with national and regional planning policy, the policies, objectives and development standards of the CDP and the local statutory and non-statutory plans including the Liberties LAP.
 - In the event of permission being granted, conditions are recommended.
 - Development description provided for those elements of the proposal within DCC's area.
 - Relevant planning history referred to for the St. James's site: 2751/09 (PL 29S.236070), 3716/08, 3607/12 and 3325/13.
 - Relevant planning history referred to for the Davitt Rd. site: 2309/15.
 - Site description and capacity commentary given.
 - St. James's hospital is one of the area's most important assets and the intensification of health facilities on site will bring benefits to the wider area.
 - The topography of the site is largely flat, except for the northern edge which slopes steeply down to Mount Brown, with a drop of c. 13 m.
 - Current circulation for pedestrians and cyclists within the overall campus, and connections to the wider area, are considered poor.
 - The only significant area of open space is that of the linear park located to the south of the campus, which is in the ownership of DCC, this park will shortly be connected to the hospital via the new pedestrian gate at the MISA building.
 - The long history of the hospital has provided the campus with a range of building styles in a somewhat disjointed and ad-hoc fashion.
 - There are 5 protected structures within the overall campus.
 - The buildings to be demolished are of little or no architectural merit, with the exception of the chapel (c. 1900).
 - Both DCC and ABP, at pre-application consultations, raised the issue of the campus capacity to accommodate not only the proposed development but also future planned developments and any expansion yet to be considered.
 - It is noted by DCC that in June 2015 the Department of Health confirmed that the Coombe Women and Infants University Hospital would be redeveloped at St. James's resulting in the tri-location of a major adult, maternity and NCH.
 - Reference made to the site selection process, including references to the Dolphin Report and the Clear Martin Report.
 - DCC concurs that the selection of the St. James's campus for the NCH was based on a comprehensive and fully

evidenced basis and that it is the most appropriate location for the NCH.

- An assessment of the proposal in the context of the vision and core strategy of the CDP is provided.
- The existing hospital campus is under-developed in the city context, it does not make optimum use of scarce urban land or make adequate use of existing public rail infrastructure.
- It also tends to look inwards and suffers from a lack of connectivity with the adjoining area.
- In contrast, the proposed development offers a unique opportunity to maximise the use of a scarce resource, land.
- St. James's is ideally located to avail of key public rail infrastructure with Heuston Station creating linkages with the GDA and beyond, and the Red Luas line connecting St. James's to the city centre and westwards to Tallaght and Saggart.
- The health sector is one of the city's specialisms and the consolidation of this use within St. James's will be a significant economic generator within an existing medical cluster and along a key innovation corridor within the city.
- It has the potential to regenerate the local area.
- It is supported by a number of the CDP policies: RE17, RE19, NC19, SC1 and RE4.
- DCC refer to the site specific, and surrounding land use, zoning policy, the proposed development is a 'permissible use'.
- Assessment provided of the proposal for the Davitt Road site in the context of CDP policies and objectives.
- The proposed NCH is considered in-keeping with the Liberties LAP.
- It is considered that the temporary nature of the Davitt Road construction site does not deter from achieving the long-term objectives for this area as contained with the Drimnagh Integrated Area Plan 2009.
- A detailed design analysis of the NCH is provided.
- The proposed plot ratio and site coverage are within the CDP standards.
- On the matter of height, since the overall number of storeys is seven, it is the opinion of DCC that the proposed building generally complies with the seven storey limit of the CDP.
- The breaking down of the scale of the building to the SCR/Brookfield Rd. has been successfully handled as indicated by the Landscape and Visual Impact Assessment in the EIS.
- Having regard to the building's skyline impact and its visibility from different areas, it is agreed that the curved nature of the ward block, helps to reduce the perceived visual impacts, particularly at the local level.
- DCC considers that the architectural form and design of the proposed building is generally of high quality.

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- The p.a. concurs with the applicant's analysis of daylight, sunlight and overshadowing, given the nature of the proposed development and its overall size, the impacts on daylight are generally limited and within the BRE guidelines and would mostly be considered not significant.
 - It is the opinion of the p.a. that the careful handling of the form of the building and the meticulous way the massing of the building has been broken up has played a significant part in generating a suitable transition in scale between the proposed development and the adjoining residential areas.
 - The p.a. accepts that the building will have an impact on the Royal Hospital Kilmainham, it will be a significant impact, but will not be negative.
 - The siting of the main entrance off Brookfield Rd. means that it will be bounded on the west side by backs of buildings and back garden walls, which will compromise its quality.
 - It is commendable that the new space and building addresses the linear park to the south, it will be an improvement on the existing situation.
 - The new stepped entrance from James's Street, although modest in scale, is a very important and significant planning gain and further open up the hospital campus to the wider area.
 - The southern elevation along the linear park incorporates an excessive number of materials and elements.
 - The heights of the proposed buildings adjacent to the perimeter of the site are appropriate and do not negatively affect the character of the area.
 - Pedestrian and vehicular movement has been well considered and integrated into the site layout and topography.
 - There is a lack of detailed design information and more information should be provided for approval.
 - The response to context is well-considered.
 - In terms of detailing the area of the building that would be of concern is the parapet level of the oval.
 - The suggestion of locating clocks and a sundial on the flues of the Energy Centre is an incongruous figurative treatment.
 - The overhang of the interstitial block, particularly along the south elevation, is quite heavy handed and particularly dominates the elevation to the Luas line to the south.
 - The methodology and content of the landscape and visual impact assessment of the EIS has been assessed by the Parks and Landscape Services of DCC and is deemed satisfactory subject to a number of modifications and conditions sought.
 - The arrangement of the FAU on site has been deftly handled, angled away from the rear of residential properties on Brookfield Rd. and Cameron Sq.

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- Due to the height differences across the site, the CRIC building will read as 4-storey to St. James's Street, which is considered an appropriate response to this street.
 - It is considered that the design response of the CRIC building makes an appropriate use of the land while respecting residential amenity and the setting of the protected structure of the Haughton Institute.
 - It is noted that the profile of the proposed podium with ward blocks over is, in the opinion of the Conservation Officer, a substantial impact to the surrounding historic buildings of Kilmainham due to the profile of the site and the sloping terrain towards the Cammock River valley. Due to the height and scale of the proposed development on the skyline of Dublin and particularly in the context of the adjoining spires the Conservation Officer recommends the further development of the design of the roof/parapet detail to the ward block to provide an elegant roof form to the city's roofscape.
 - It is noted from the EIS that the South Dublin Union was a battlefield site during the Easter Rising 1916. For this reason a field survey of the battlefield site should be undertaken for record purposes by a suitably qualified archaeologist.
 - The Roads and Traffic Planning Division (RTPD) is satisfied with the 'substance' of information submitted as part of the EIS.
 - RTPD has been working with St. James's Hospital for almost 10 years to develop and promote a sustainable movement strategy for the overall hospital campus.
 - A MMP for the campus was prepared in co-operation with RTPD and the implementation of the plan is being monitored.
 - More recently both DCC and St. James's hospital have been engaging with the NTA Smarter Travel Workplaces team with regard to the promotion of sustainable travel among staff.
 - An agreed set of principles underpin the MMP and have informed the movement strategy of the Overall Development Control Plan (ODCP) for the campus.
 - The principles have underpinned RTPD's discussions with the applicant's agents during the preparation of Strategic Infrastructure application and in particular the movement strategy for the NCH.
 - The applicant was advised that a robust movement strategy, which adopted a campus-wide approach and which anticipated potential future development on the site, would be required.
 - The applicant was strongly advised that a reduction in staff car parking, particularly for core hour staff, is considered a crucial means of limiting peak hour traffic impact but also of influencing a shift in travel behaviour.

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- RTPD recommends that regular monitoring of traffic, car parking and uptake of non-motorised modes be undertaken on a campus-wide basis.
 - This data should be made available to DCC so that responsive measures can be put in place where possible and necessary.
 - The RTPD has some concern that the ambitious but necessary reduction in the modal split for car drivers may result in over-spill parking on the surrounding network or abuse of car parking on site by double parking or use of visitor parking areas by staff.
 - It is imperative that this possibility is monitored and addressed.
 - A number of local streets have uncontrolled parking and may be affected, DCC has a representative on the MMP steering group who is providing advice on these issues.
 - A number of cycle routes are planned adjacent to the site as outlined in the GDA Cycle Network Plan 2014.
 - RTPD hold that the footpath along the eastern side of the SCR along the boundary of the hospital should be widened to 3 m.
 - The RTPD recommend that further work on the redesign of the James's Street entrance is undertaken to make the junction more user friendly for pedestrians and particularly the disabled and vision impaired.
 - RTPD suggest that the applicant's suggested improvements to the local road network require further examination and they recommend that the suggested improvements are further developed in consultation with DCC.
 - Although RTPD understands the reasoning behind the traffic generation calculations, it is considered that the traffic generation levels appear conservative for a development of this magnitude considering the traffic generation of the existing St. James's, Our Lady's Children's hospital and Tallaght Children's hospital.
 - There is some concern that the actual traffic generation may be more than that predicted during the peak periods and that the predicted traffic generation is heavily reliant on changing the current behaviour of staff at the hospitals through the successful implementation of the MMP.
 - The RTPD recommends that regular monitoring of traffic impact and car parking be undertaken and the resulting data should be made available to DCC.
 - The traffic counts conducted in 2014 show that the surrounding road network is busy with congestion and queuing experienced during peak periods.
 - In order to achieve the proposed modal split targets it is considered that implementation and monitoring of the MMP is vital.

- Modal shift away from the private car will require strict control of access to car parking and regular monitoring of same.
- In order to ensure trip generation at the hospitals is in line with predictions the Roads & Environment Department would require CCTV coverage of all vehicular access points to the campus in order to monitor the trip generation.
- RTPD has indicated that it has no objection to the proposed development subject to compliance with conditions.
- The Drainage Division of DCC has no objection to the proposal subject to conditions.
- RTPD have assessed the Davitt Rd. site from an access perspective and it is considered that the junction to Davitt Rd. has sufficient capacity to cater for the predicted construction traffic flows.
- The Air Quality Monitoring and Noise Control Unit have requested a number of conditions in relation to the Davitt Rd site to prevent nuisance to nearby sensitive receptors.
- The proposed use of the Davitt Rd. site as a construction compound is acceptable on a temporary basis.
- DCC considers that the NIS adequately addresses the potential impacts on European Sites and considers that the proposed mitigation measures outlined in the EIS will adequately mitigate against the potential for negative impacts.
- DCC respectively requests ABP include a condition which facilitates improvements in areas of education, employment, enterprise, safety and public realm, as facilitated by s.37(G)(7)(d) of the legislation ('community gain').
- The PA has no objection to the proposed development.
- List of recommended conditions submitted for consideration by the Board.
- The submission includes technical reports from: the City Architect (permission recommended subject to conditions); Landscape Architect (conditions recommended); the Conservation Officer (permission recommended subject to conditions); City Archaeologist (permission recommended subject to conditions); Roads & Traffic Planning Division (no objection subject to conditions); Surface Water & Flood Management (no objection subject to conditions); Area Manager (welcomes and broadly supports the development), and Environmental Health Officer (conditions recommended).

1.5.2 South Dublin County Council (for The Adelaide & Meath Hospital site):
The contents of the submission from the above to the Board can be summarised as follows:

- Written statement received from the Elected Members as recorded at the Meeting of South Dublin County Council (hereafter SDCC) held on Monday 12th October 2015:
 - Cllr. P. Donovan holds that consideration should be given to the following: suitable overnight accommodation for parents:

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- more play and exercise facilities; improvements to the multi-storey car park; improvements to the drop-off; fully accessible toilet/washing facilities, and allowance for future growth of facilities.
- Cllr. C. O'Connor holds that the access gate to the campus adjacent the Luas Line should be opened.
 - Cllr. M. Devine refers to: drop office facilities should be improved; better parking facilities; cycle access; enhanced facilities for the disabled, and community gain issue to be pursued.
 - Chief Executive's Report:
 - It would be appropriate to ascertain the views of the Dept. of Defence having regard to the Approach Areas Variable Height Restrictions to Casement Aerodrome.
 - Site description given, directly relevant matters in the CDP referred to, relevant planning history outline, relevant LAP policies referred to.
 - There are no issues arising in relation to the CDP and LAP policies. These policies aim to support the retention and upgrading of hospital uses at this established location.
 - The application is therefore supported by the CDP and LAP.
 - Site not in an ACA, no protected structures or recorded monuments on site, site not within a SAAO, it does not affect any proposed or designated European, or National environmentally protected areas.
 - The SDCC Heritage Officer concurs with the conclusions of the Screening Report and NIS submitted by the applicant.
 - Environmental Services Department – Surface Water Drainage Report: insufficient details with respect to design of surface water drainage, SuDS and flooding. In addition, conditions recommended if permission is to be granted.
 - Environmental Services Department – Waste Management Section: Project Waste Management Plan is acceptable subject to conditions.
 - SDCC County Architect has raised no issue with regard to the architectural design and siting of the proposal. Recommendations made in relation to external finishes.
 - SDCC Urban Design Officer concurs with County Architect, amendments suggested in relation to landscape setting and guardrail along main entrance road.
 - SDCC Parks Department – insufficient details submitted, landscape plan to be amended.
 - SDCC Roads Section – insufficient details in respect to: Traffic assessment should be carried out of certain locations; a parking assessment should be carried out; main entrance layout should be modified, and MMP to be revised. Conditions recommended in the event of permission being granted relating to: Luas Stop gate should be opened 24 hours; provision of a Special Parents Drop-off facility; cycling

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- facilities improved, and matters pertaining to the Construction Management Plan.
- Given that the site is an operational regional hospital of considerable size at the centre of Tallaght, it is considered that the environmental carrying capacity of the site is sufficient relative to the proposed development.
 - It is considered that 'community gain' conditions are not necessary or warranted in this case.
 - Submission made in relation to financial contributions.
 - SDCC has established that further information is required.
 - If permission is to be granted, then conditions are recommended.
 - It is SDCC overriding view that the proposed development will be a positive addition to the existing hospital campus and will provide specialised and segregated urgent and out-patient care for children.
 - It is the view of SDCC that the application should be granted permission.
 - The submission includes technical reports from the Roads Section, Environmental Services Department – Surface Water Drainage, Environmental Services Department – Waste Management Section, Parks Department, Architects Department, and Urban Design Officer.

1.5.3 Fingal County Council (for James Connolly Memorial Hospital site):

The contents of the submission from the above to the Board can be summarised as follows:

- Chief Executive's Report:
 - Site description given.
 - Description of proposed development given.
 - Planning history outlined.
 - Summary provided of the EIS and NIS as they pertain to Connolly.
 - The content and scope of the EIS is considered to be acceptable in relation to the satellite centre at Connolly.
 - Having regard to, *inter alia*, the NIS, Fingal County Council's (hereafter FCC) Heritage Officer is of the view that the proposed development will not have significant adverse impacts to Natura 2000 sites either alone or in combination with other plans and projects.
 - Having regard to the nature, use and scale of the proposed development, the existing uses on the campus, the site's land uses zoning and Objective CI34, it is considered that the proposed Children's Hospital satellite at James Connolly Memorial Hospital is in accordance with the CDP.
 - It is considered that the proposed development will not compromise the delivery of any development local/specific objective relating to the site or surrounds.
 - The FCC Architect's Department holds that given the campus layout of the scheme, the layout siting and scale of

the proposal are entirely acceptable and appropriate. The elevational treatment of the new unit is well studied and appropriate to the location. Overall, it is a well-designed scheme and should make a positive contribution to the architectural quality of the campus at Connolly.

- As there is no direct impact on the architectural heritage the FCC Conservation Officer has no specific comment or requirements.
- The landscape materplan is considered to be acceptable.
- The FCC Transportation Planning Sections holds the following: development meets the requirements of DMURS; use of existing hospital access acceptable; no significant traffic impact; additional 11 staff car parking should be used for visitor parking, and details of the MMP and CTMP should be agreed prior to commencement of development.
- The FCC Environment Department has no objections regarding the proposed works subject to conditions.
- The Environmental Health Officer has no objections to the proposed development.
- The FCC Water Services Section has no objections subject to recommendations.
- Irish Water conditions referred to.
- Applicant is exempt from levies under current Development Scheme, new Scheme due on the 01/01/2016.
- It is recommended that the Board grant permission for the satellite centre at Connolly and have due regard to conditions recommended by FCC.
- Submission includes technical reports from the Transportation Planning Section, the Heritage Officer, Environment Section, Architects Department, Architectural Conservation Officer, Environmental Health Officer, Water Services Section and Irish Water.
- Observations made by the Elected Members in relation to the Chief Executive's Report:
 - NCH should be in Blanchardstown
 - Connolly Hospital unit should be open 24/7.
 - Issue with available parking and clamping (existing).
 - Issue with construction traffic around the N3-J6 junction.
 - Impact on patients during construction phase.
 - Lack of transport infrastructure, too car dependent.
 - Lack of connection/service with North Fingal.

1.6 PRESCRIBED BODIES

1.6.1 Transport Infrastructure Ireland (TII)

The contents of the submission from the above can be summarised as follows:

- The NRA and RPA have been merged to form TII.
- In relation to Sustainable Transport approach the TII holds the following:

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- The clear implementation and development of the proposed mobility management plan and workplace travel plan to reduce the generation of car commuter traffic is essential.
 - This is especially critical for the national roads network at proposed satellite centres at Tallaght Hospital and James Connolly Hospital.
 - The proposal at all centres needs to demonstrate that sustainable transport will be supported/promoted, including employee parking being demand-managed and consistent monitoring.
 - In relation to Light Rail issues the TII holds the following:
 - Integration with improved accessibility and way-finding are key considerations for Luas when viewed in the context of the proposed development.
 - TII requests that a comprehensive risk and safety assessment be undertaken which shall examine and identify mitigation measures for areas of conflict for motor vehicles, cyclists and pedestrians with light rail infrastructure.
 - The pedestrian linkages and access to the Rialto platforms are unsatisfactory.
 - A clear and unimpeded view of the Luas platforms enables orientation and passive wayfinding.
 - The current proposal places a children's playground directly in front of the line of sight of the platforms.
 - TII questions the appropriateness of a playground at this exact location in terms of safety and the provision of clear and unimpeded views of the platforms.
 - Proposed footpaths that lead from the proposed Rialto entrance, travel directly into the Luas tracks and then converge into a footpath located parallel to the tracks.
 - The footpath arrangement forms a cul-de-sac approach to the edge of the tracks and may encourage errant track crossings via unintended desire lines.
 - Pathways leading from the entrance should form a direct link to the Luas platforms and deterrent landscaping utilised to mitigate errant track crossings.
 - It would be beneficial to create a larger hardscape area integrated into the rear of the northern (inbound) platform allowing access along the platform's entire length.
 - The above is contingent on removal of the handrail to the rear of the platform and protection of the tram stop cubicle located adjacent the platform shelter.
 - TII considers the interim proposal for the Rialto gate, which is depicted simply as a gate in a fence which leads to the proposed ambulance parking area via an existing road, to be an insufficient short term solution and forms a weak link between the current adult hospital and Rialto Luas stop.
 - TII would emphasise that the permeability of the future Tallaght proposal from the Luas hospital stop in Tallaght

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- needs to be revisited in the interests of the promotion of sustainable travel by employees, clients and visitors.
- TII considers that it is essential that the existing gate access which was provided as part of the Luas scheme should be open and operational to service the existing hospital and new facility.
 - In its current form, TII considers that the urban design and improvement of accessibility of the new satellite hospital does not take account of this existing access gate from the existing hospital stop.
 - In relation to provision for cyclists TII holds the following:
 - Further detail is required on the delivery of the proposed St. James's Walk cycle route as indicated on page 5 of the 'Public Realm Strategy' and integration of the cycle and pedestrian routes when crossing the Luas tracks.
 - Further detail is required on the provision of cycle parking provision at the Arrival Space.
 - In relation to Strategic Wayfinding, TII advises that all signage to be erected on the national road network must be undertaken in strict accordance with NRA Traffic Signs Approval Procedure.

1.6.2 National Transport Authority (NTA).

The contents of the submission from the above can be summarised as follows:

- Strategic Issues:
 - The NTA fully supports the proposed development from a strategic point of view.
 - From a transportation perspective, as an attractor of significant number of trips by staff, visitors and patients, from a wide catchment, the NCH would be most appropriately sited close to existing and planned high-quality transport services, while also being accessible from the national road network.
 - The site at St. James's directly benefits from existing public transport services: the Luas Red Line and interchanges via Luas to Connolly and Heuston, and several Dublin Bus services (listed).
 - The site is within 1 km of the R148 (formerly the N4) giving clearly legible and convenient access to the national road network, including the M50.
 - The NTA acknowledges the importance of the SCR as a route for general traffic and its importance as a means of access to the hospital campus for motorists and will seek to protect this function in future transport planning.
 - The NTA also supports the implementation of a wayfinding strategy which provides clear information to motorists at the earliest possible time on the national, regional and local road network, with the latter also providing information on access routes and parking availability.

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- The NTA in the medium to long-term as part of the 2015-2035 Transport Strategy intends to deliver a Luas line to Lucan from the city centre, subject to funding, it is likely to pass close to the site of the proposed development.
 - As part of the Transport Strategy it is also intended to deliver the following: Luas Cross city; DART expansion programme; metro from Swords to Cherrywood, and the GDA Cycle Network.
 - With these projects in place most settlements in the State and all of Metropolitan Dublin will be within one interchange of St. James's by public transport.
 - The NTA is fully engaged with the NCH and St. James's Hospital as part of their Smarter Travel Workplace Programme.
 - The NTA will continue to support all initiatives being undertaken across the campus aimed at reducing car use and reducing any adverse impacts on the local road network which may arise in the future.
 - From a transportation perspective, the NTA supports the development of this national facility in this central location, as it will maximise the potential for staff, visitors and certain patients to travel by train, light rail, bus, cycling and on foot.
 - Parking and Traffic Impact
 - The NTA notes that the proposed development includes for the reduction in staff parking spaces from 1,261 to 1,017, this will potentially facilitate a car mode share of 33% for staff trips as set out in the application.
 - This would accord with a mode share that the NTA would deem acceptable for a workplace within the city centre.
 - The NTA emphasise however, that in the event of a grant of permission, this level of parking should represent a maximum and that efforts should continue to reduce this figure further during the hospital's operational phase in order to further reduce any impact of the campus on the road network which may arise.
 - Close monitoring of travel patterns, in consultation with the NTA and DCC, should be carried out on a regular basis in order to achieve this objective.
 - In terms of visitor parking, for those who do not have convenient access to public transport and for those for whom public transport is not an attractive option given the particular reason for the trip, they should be given an opportunity to avail of parking on site.
 - The NTA recommends that all possible operational arrangements, in particular the timings of outpatient appointments, are put in place which will reduce the impact of these trips on the local road network.
 - The NTA recommends that a strict parking control regime is put in place across the hospital campus in order to prevent any staff from parking in spaces intended for use by visitors.

- The NTA recommends that the controlled parking areas in the vicinity of the development are extended by DCC in order to deter staff from parking on local roads, thereby maintain these spaces for use by local residents.
- Internal Road Network
 - The NTA recommends that the opportunity is taken to improve the internal road network with the campus for pedestrians.
- Entrances to the hospital campus
 - It is essential that all three Luas stops serving the site are fully accessible to all parts of the hospital campus.
 - In relation to provision for cyclists, the junctions between SCR and Brookfield Rd. and the Rialto gate require to be redesigned.
 - The NTA has some concerns related to potential adverse impacts on bus movements along Mount Brown, part of the city's core bus network, as a result of cars queuing at this entrance, particularly at peak hours and/or in the case of barriers failing.
 - The barriers should be placed as far into the car park as is feasible and that turnaround facilities are provided at the bottom of the access ramp, or other similar arrangement.
- Construction period
 - A condition requiring a more detailed construction mobility plan should be applied.
- From a strategic transport perspective the proposed development at this location is consistent with the principles of land use and transport integration.
- In terms of local transport impacts, the NTA is of the view that the NCH at this location has the potential to operate in an efficient manner once their recommendations are implemented.

1.6.3 Inland Fisheries Ireland (IFI):

The contents of the submission from the above can be summarised as follows:

- The Liffey:
 - The Liffey represents a highly significant Salmonid system.
 - The Liffey supports Atlantic salmon, listed under Annex II and V of the EU Habitats Directive and sea trout, in addition to brown trout and eel populations.
 - The Liffey also holds populations of freshwater crayfish and Lamprey both Annex II species.
 - The Liffey is a valuable resource in terms of local heritage (biological diversity), a native fisheries resource and an angling amenity.
- The Camac:
 - The Camac supports brown trout throughout.
- The Tolka:
 - Connolly Hospital campus borders the Tolka River.

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- The Tolka main channel supports brown trout, salmon, sea trout, eels and Lamprey in its lower reaches with brown trout in the tributaries.
 - The Dodder:
 - Tallaght Hospital is located within the Dodder catchment.
 - The River Dodder is exceptional among most urban rivers in having salmon, sea trout and Lamprey populations.
 - The river is regarded as a very important fishery.
 - Fish populations are protected/supplemented through routine IFI fisheries management measures, in addition to annual brown trout stocking by the Dodder Anglers (local angling club).
 - IFI have no objection to the development subject to compliance with the Mitigation and Monitoring outlined in sections 7, 8 and 9 of the EIS.
 - IFI should be consulted on section 4 & 16 Local Government Water Pollution Act Licence as proposed for surface and storm water discharge during the construction period.
 - The feasibility report completed on the potential abstraction for potable supply is regarded as an initial assessment which indicated that a number of wells would be necessary to satisfy the demand. Further detailed assessment is required in respect of the impact of the potential groundwater abstraction on base flow in the Liffey, IFI should be advised of this detailed assessment as it progresses.

1.6.4 Minister for Health, Leo Varadkar TD.

The contents of the submission from the above can be summarised as follows:

- Supports the application.
- The construction of a NCH has been a long-standing objective of successive governments.
- It will be largest single health infrastructure project ever in Ireland.
- It is crucial to the new national model of paediatric care.
- It is a specific commitment in the Programme for Government.
- It will bring together the three existing children's hospitals: Our Lady's Children's Hospital Crumlin; Temple Street Children's University Hospital, and the National Children's Hospital Tallaght.
- The public policy aim of developing a new children's hospital followed on from the 2006 McKinsey Report which recommended that the population and projected demand could support only one world-class tertiary paediatric centre.
- That report also recommended that it should be in Dublin and ideally be collocated with a leading adult academic hospital, to ensure relevant sub-specialty and academic linkages.
- McKinsey also reported that it would facilitate clinical and academic 'cross fertilisation' and would attract high quality staff from Ireland and abroad.
- A number of subsequent reviews and reports on this project over the years since 2006, most recently the 2012 Dolphin Report,

reaffirmed the importance of colocation with a major adult academic teaching hospital.

- This was a critical factor in the Government's decision in November 2012 that the new hospital should be collocated with St. James's.
- In January 2012 the Department of Health recommended that two satellite centres should be developed, at Tallaght and Connolly.
- In June 2015 the Minister advised the Government of his decision that the Coombe Women's and Infant University Hospital be redeveloped on the campus with St. James's Hospital, delivering tri-location.
- This is the optimal model of care for the sickest of children, newborn infants and mothers.
- The delivery of the NCH project is essential to support the provision of children's healthcare and improved child health in the future.
- The development will result in better clinical outcomes for children and young people.
- This is one of the most positive developments in child health in the history of the State, the Minister commends it to the Board.

1.6.5 Development Applications Unit, Dept. of Arts, Heritage & the Gaeltacht

The contents of the submission from the above can be summarised as follows:

- Archaeology
 - The observer has examined the archaeological component of the EIS.
 - On the basis of the information in the EIS and its conclusions the Department has no objections to the development subject to the implementation of the appropriate mitigation recommendations.
 - The Department further recommends that the developers appoint a suitably qualified archaeologist to co-ordinate the appropriate archaeological mitigation across the various locations.
- Architectural Heritage
 - A number of buildings on the site are to be demolished, none of which are referred to as protected structures.
 - These buildings should be fully surveyed and recorded and copies of the record be lodged with the Irish Architectural Archive (including BH-21, an early C19th villa).
 - It is noted that in the case of one building, BH-07 Chapel, it is proposed to salvage features/materials during the building works.
 - No proposal is made as to where this salvage is to end up and the Department recommends that the Board seeks some certainty about this.
 - In the case of the chapel's stonework, this could be reused for boundary walls, landscaping dwarf walls or other features on site.
 - A similar suggestion is made in relation to building BH-29 fronting James's Street.

1.6.6 An Taisce, The National Trust for Ireland

The contents of the submission from the above can be summarised as follows:

- An Taisce wish to raise issues relating to: site suitability; access and parking; expansion of medical related uses on site, interface with the surrounding environment, and existing services on site.
- Accessibility and parking
 - Due to the nature of the proposal it is greatly important that sufficient, quick and easy access is provided for patients entering the hospital either by car or emergency service vehicle.
 - The applicant needs to sufficiently demonstrate that access to the existing hospital is not significantly impacted from the proposed development.
 - Whilst An Taisce support development that encourages the use of public transport and support policies for Smarter Travel in the workplace, it is important that the new NCH ensures that those who need to come to the hospital by car are catered for in terms of accessibility and parking.
 - Future consideration to parking needs for visitors and patients should be assessed in line with any envisaged expansion on the St. James's site.
 - The applicant should demonstrate that appropriate mitigation measures are established in order to ensure minimum delays for patients, visitors and emergency vehicles accessing both the existing hospital and the proposed development.
 - Due to the nature of the development, and the already existing traffic issue surrounding the site, the applicant needs to demonstrate that the proposed development would not exacerbate the traffic congestion in the area and impede easy access for patients utilising the existing hospital, the proposed NCH and the envisaged maternity hospital on site.
- Expansion for medical related uses
 - There is a need to ensure that there is sufficient room for future expansion for: the existing hospital; the proposed NCH, and the envisaged maternity hospital.
 - It would not be suitable to locate the NCH to the detriment of the existing hospital, nor would it be suitable to locate a new hospital on a site that would not be sufficient in size to accommodate any future expansion.
- Interface with the surrounding environment
 - The NCH represents large scale intensive development on a site which is in close proximity to visually sensitive landscapes/townscape.
 - The site is in close proximity to the Royal Hospital Kilmainham which represents a significant heritage asset and a cultural attraction.
 - While the view from the Royal Hospital is not a 'protected' or 'listed' view, it is considered an important view of interest

from a protected structure of historical cultural and tourist significance, as stated in the EIS.

- The applicant should demonstrate that the proposed NCH does not cause significant visual intrusion or obstruction on the surrounding landmarks.
- Existing services on site
 - The applicant should ensure that the existing St. James's hospital remains fully operational during the construction period and no hindrance is caused to existing patients of the hospital as a result of site specific constraints.
 - The observer lists the services that are to be removed to accommodate the NCH.
- There are major issues that need to be considered in order for the development to successfully achieve its function in delivering health care for children at a national level.
- It is vital that there is easy access for patients dependant on car travel and that adequate parking is available for these patients.
- It is important that the proposed development, both during construction and operation, does not detrimentally impact the functioning of the existing hospital or impede any future expansion that may be required.
- It is important that there is an adequate amount of space to accommodate the maternity hospital and expansion of the proposed NCH going forward.

1.6.7 Irish Water (IW)

The contents of the submission from the above can be summarised as follows:

- IW has no objection to the proposed development subject to a number of requirements.

1.6.8 Irish Aviation Authority (IAA)

The contents of the submission from the above can be summarised as follows:

- In the event of planning consent being granted, the helipad cited in the development will have to be approved and licensed by the IAA.

1.7 **OBSERVERS**

1.7.1 Oisín Ó hAlmhain, Green Party Dublin South Central

The observer submission from the above can be summarised as follows:

- Broadly supports the provision of a high quality children's hospital in this part of Dublin.
- The observer has some reservations about the health and quality of life issues for those in the area surrounding the project.
- Concerned that the traffic generated by the construction and operation of the NCH at the western end of St. James's campus will

have a detrimental impact on road traffic on the city's outer orbital route (Canal Ring/Suir Rd./SCR) and on the area in general.

- It should be noted that at busy times, currently, traffic turning right onto the SCR from Con Colbert Road in Kilmainham, may have up to 30 minute wait time.
- Provision should be made to direct some of the hospital traffic by other routes.
- No provision for additional road infrastructure or car parking away from St. James's site itself.
- The access to the new hospital from Old Kilmainham/Mount Brown will be another major traffic pinch point.
- Concerns raised in relation to trip generation outbound through Inchicore village to access routes west and the Chapelizod by-pass.
- Provision for cyclists and public transport do not comply with DoE and DoT standards.
- The proposed layout of the Rialto gate presents additional challenges in relation to pedestrian desire lines.
- Exercise and play facilities in the NCH should be open to local residents.
- Some community gain should be provided in the environment of the compound on Davitt Road.
- Trees should be planted along Davitt Road.
- Concerned about the impact of HGV movements from the Davitt Rd. site to St. James's.

1.7.2 St. John Bosco Youth Centre, Davitt Road, Drimnagh, D. 12.

The observer submission from the above can be summarised as follows:

- The observation is made as it relates to the site on Davitt Road, adjacent to the Youth Centre.
- The Youth Centre is immediately adjacent to the site at Davitt Road.
- The proposed use of the site at Davitt Road is likely to cause significant disruption to the local community through increased traffic, noise and pollution.
- To date there has been little or no consultation with the community in the Drimnagh area in relation to the use of the site.
- There will be a significant increase in traffic on Davitt Road, especially HGV traffic.
- The closeness of the footpath to the roadway the length of Davitt Road is a safety concern for pedestrians especially those accessing the centre.
- The speed limit should be reduced on Davitt Road.
- A community gain contribution of a portion of the overall site to the Youth Centre should be progressed.

1.7.3 Drimnagh Residents' Association

The observer submission from the above can be summarised as follows:

- Concerned about the potential impact on the community arising from the use of the site on Davitt Road.
- Traffic concerns raised: increased HGVs; serious disruption on Davitt Road which is already heavily trafficked; close proximity to St. John Bosco Youth Centre, and proximity to the Luas stop.
- Potential difficulties relating to people from Drimnagh trying to exit towards N4/M4/M50 and Phoenix Park.
- Noise, dust and general disruption arising from the Davitt Road site.
- Lack of any form of direct consultation to date.
- There should be significant community gain beginning with the proposal in relation to the St. John Bosco Youth Centre.
- The observer welcomes the development of the NCH at St. James's, the submission relates to the proposals at the Davitt Road site.

1.7.4 Fr John Collins, Moderator, Parish of St. James, The Presbytery, James's St., D. 8.

The observer submission from the above can be summarised as follows:

- Very concerned about the lack of parking spaces, only 420 spaces added to the current number, will add to the huge traffic volume.
- Crisis with parking all around the hospital at present.
- There is very little resident parking now, it will only get worse with the NCH's inadequate parking proposals.
- The exits/entrances and bus stop proposals are grossly inadequate and parishioners have not been consulted about these changes.
- At present there is an enormous amount of traffic which makes getting around very difficult, particularly for the elderly.
- The old church building on the campus that is to be demolished has a rich history which is being wiped away without any reference to the parishioners who along with staff have paid towards its upkeep and furnishings over many decades.
- More clarity is required on waste management, particularly in relation to storage of chemicals.
- Overshadowing of surrounding residential houses.
- Daylight will be blocked.
- Parishioners are concerned about subsidence and rat infestation.
- The NCH will be placed in the boundary of the parish and will effect all roads surrounding the hospital.
- The parishioners feel they are being side-lined in the whole process.
- Elderly people will feel more isolated than they are at the moment.
- It is the wrong place for the development.
- Connelly site makes complete sense.
- There is no room in St. James's for the NCH and a maternity hospital.
- It is an ill-advised proposal, the observer is astonished that it has even progressed to this stage without someone saying stop it will never work.

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- Submission made on behalf of the Parish Pastoral Council, St James's Parish, D. 8.

1.7.5 Aengus Ó Snodaigh TD & others c/o Ballyfermot Rd., D 11

The observer submission from the above can be summarised as follows:

- While they welcome the development of a NCH, they have concerns about some aspects of the plans in relation to siting.
- They are concerned in relation to traffic to and from the hospital and how it will impact on the neighbouring communities during and after the construction.
- The NCH will substantially alter the skyline in the vicinity and will increase artificial light in the area.
- Concerns raised in relation to potential of overlooking of Cameron Sq. and Ceannt Fort.
- Concerns raised in relation to construction stage traffic impacts in the area, including, *inter alia*, impact on on-street parking, existing congestion at junctions along the proposed route, impacts from HGVs, impact on narrow streets/roads etc.
- Concerns raised in relation to the mobility strategy for the operational stage, the targets are not ambitious enough.
- Proposals in relation to parking at the Red Cow Luas Stop are welcome, but that car park is often already full.
- Patient car parking on site will generate more trips per day than the staff car parking which it displaces.
- This adds to cars on the neighbouring roads and must be fully taken account of regarding traffic management.
- The observers are opposed to extending the on-street disc parking area.
- A number of changes are suggested in relation to the proposed Mount Brown entrance and the St. James's Street entrance.
- Suggestions are made in relation to: wheel wash; noise abatement, and property condition surveys.
- Underestimation of construction traffic.
- Hours in which piling is to take place should be limited.
- Concerns raised in relation to the CRIC building, demolition of buildings and a historic wall with links possibly to the 1916 Rising is worrying.
- Impact on privacy of property in McDowell Avenue arising from the CRIC building.
- No consultation with local residents in relation to the proposed Davitt Road construction compound.
- Impacts arising from the construction compound include noise generated, potential light pollution and impact on the adjacent road network.
- The Irish Aviation Authority should have been invited to make a submission.
- A historical account of the site's relevance should be sought.
- Names for the NCH suggested.

1.7.6 V. O'Meara, C. O'Reilly & B. Hughes, Madison Road, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The observers object to the proposal at St. James's campus.
- The needs of the nation's sick children have priority in the objection, the needs of the local residents must also be taken into consideration.
- The site is not sufficiently extensive.
- It is generally accepted that new hospitals always expand after the initial build.
- To add the National Maternity Hospital would aggravate the problem of space even further.
- It is accepted as international best practice that new paediatric hospitals are built on green sites.
- The NCH plan, set as it is in the inner city of Dublin where there is well-documented drug abuse and anti-social behaviour, shows a garden and playground obviously inadequate as a therapeutic location.
- In terms of access, coming off the motorways and negotiating an unfamiliar network of old and narrow streets, poor signage and numerous traffic lights will be an added stressor for already stressed families.
- There is currently high traffic volumes at peak periods between Rialto roundabout, along the SCR down to Islandbridge and beyond.
- The increase in both construction and operational stage traffic will have a negative impact on both residents and staff and also the young patients and their families.
- There appears to be no adequate traffic strategy from DCC.
- To suggest that medical and non-medical staff will walk, cycle and take public transport en masse is unrealistic in the extreme.
- Staff, patient and visitor parking on surrounding streets is already causing a negative impact on the lives of local residents.
- A significantly high number of staff live outside Dublin and need to use the car for work.
- 91% of paediatric patients travel to hospital by car.
- Best practice internationally for hospital parking is 5 to 7 car parking spaces per patient bed.
- There is an inherent lack of sensitivity in the proposal towards the residents of Rialto and Kilmainham.
- The proposed highly coloured roof looms over the redbrick Victorian terraces of the surrounding streets.
- The proposed frontage onto the SCR is 13 m high compared to the local homes at 9 m.

1.7.7 N. Dever, J. Flood & S. Malone, Madison Road, SCR, D. 8.

The observer submission from the above can be summarised as follows:

- The NCH site location is cramped and congested with poor access.
- As local residents in the area, the observers note that it is a usual occurrence to experience 20-30 minute delays along the SCR in Kilmainham, not just at peak hours but also early afternoons.
- The NCH deserves to be built in a location which provides easy and efficient access to all families and visitors of sick children of Ireland.
- The infrastructure surrounding the proposed NCH is well in excess of a hundred years old, constructed at a time when there were no motorcars.
- The road system has not been enhanced since then and is struggling to cope with the current traffic demands on these roads, especially at peak times.
- There is no Traffic Plan.
- It is obvious from a recent survey that the preferred mode of transport for hospital staff is the private car.
- In a time where recruitment and retention of medical staff is already a major concern, the proposed woefully inadequate car parking provision will further exasperate the situation when potential employees are informed that no parking is available to them on site.
- Best international practice guides 5-7 car parking spaces per patient, the NCH is proposing 0.9 car parking spaces.
- Local residents experience difficulty finding parking on a daily basis and it is a constant Agenda Item at Local Residential Meetings.
- Concerns raised about consultations with residents.
- Concerns raised in relation to the model of the development.
- The NCH is being shoe-horned onto the St. James's site.
- Submitted to ABP as a seven storey structure, it has since been revealed as an eight storey building.
- The Alder Hey Children's Health Park in Liverpool is constructed on a 24 acres park.
- In comparison, the St. James's hospital is located in a socially deprived area with high unemployment, anti-social behaviour is rampant with drug-dealing openly taking place at the St. James's Hospital Luas Stop.
- The proposal to include a roof-top helipad so close to residential homes is totally unsuitable.
- Medical helicopters, both landing and taking off in such close proximity to homes will be a major source of noise pollution and a complete lack of respect for a quiet residential neighbourhood.
- The observers query the construction costs involved and state that the Connolly site would eliminate such costs.
- A beautiful granite church (which should be a protected structure) is planned for demolition to make way for the proposed NCH.
- Loss of trees on the site.
- There is an inherent lack of sensitivity to the surrounding residential period properties.

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- There is no room on the St. James's site to facilitate any future expansion of the proposed NCH.
 - There is no evidence that co-location of a children's hospital with an adult hospital improves clinical outcomes for children.
 - The Connolly site, with 145 acres along the M50, is the best option for the NCH.

1.7.8 Anne Lowen, Mayfield Road, Kilmainham, D8.

The observer submission from the above can be summarised as follows:

- Poorly planned, ego-driven project.
- It has been conceived as a project in isolation from the realities of an existing community.
- Existing negative aspects will be compounded by the proposal: poor access; poor air quality, and endless traffic jams.
- The applicant's agents have not answered the observer's questions regarding access to the NCH at the information sessions.
- Instead of coming up with a viable, creative solution, the applicant's agents have used existing roads and entrances, originally built when traffic was mostly horse-drawn.
- The proposed hospital will have approximately 500 beds and additional outpatients, bringing upwards of 1,500 extra cars into the area on a daily basis.
- The observer is dissatisfied by the public information sessions held by the applicant.
- The full impact has been hidden.
- The observer completely objects to the imposition of the hospital on the community on the grounds that if it goes ahead it will be too late to rectify the problems of access.
- There is a lack of will both from the applicant's agents and DCC to explain how the access situation will be overcome, this worries the observer greatly given the amount of obfuscation to date.
- The observer queries why was a greenfield site on Newlands Cross rejected, it has access to the N7, M50, Luas and AMNCH Tallaght.
- The observer queries why is the preferred choice of NCH Alliance and the Jack & Jill Foundation, Connolly Hospital site, being ignored.
- The observer queries why is the Player Wills site not being considered.
- There are many more suitable sites with substantially better access.
- The proposal is driven by egos with scant regard for reality and resources.

1.7.9 Cathy McGennis, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The observer lives in the area and also has a technology business in Kilmainham.

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- Her business currently employs 20 people and there are plans to increase the workforce to 30 within the next 15 months.
 - The observer has serious concerns about the project.
 - There will be a net increase in cars on the roads as a result of the development.
 - During construction phase the level of lorry movement on the SCR is totally unacceptable with a lorry on the road every 90 seconds for over 3 years and with an approximate half a million lorry movements on the road for the planned duration of the work.
 - This is totally inappropriate for a residential area.
 - The roads around the hospital are currently at capacity, there is not enough capacity to support the extra cars, construction vehicles and emergency vehicles.
 - The roads leading to the Rialto Gate are currently at capacity.
 - Recent roadworks near the Hilton in Kilmainham have demonstrated that the capacity on the road is currently maximised.
 - The junction at Davitt Road/Suir Road is currently a problem hotspot, it is not reasonable to channel extra cars to this junction, it would be unworkable.
 - There is another bottleneck at the junction of Suir Road and the SCR where a right hand turn is very difficult and causes huge issues with backup traffic down Suir Road.
 - There is an on-going problem at the junction of the SCR and Brookfield Road.
 - Concerns raised about possible loss of, or impact on, on-street parking in the area.
 - It is primarily a residential area and an historic area of significance relating to its association with the 1916 Rising.
 - The structure being proposed is not in keeping with the local, historical, residential nature of the area.
 - The local church in St. James's was a hub of community congregation, it is being demolished by the development of the hospital.
 - Concerns raised in relation to height, scale, impact on amenity, impact on privacy and visually overbearing development.
 - Proposed materials are not in keeping with the residential conservation area zoning.
 - The construction traffic and build will generate noise pollution which will have a large negative effect on living and working in the area.
 - The timeframe for this development is well excess of the normal grant of planning permission.
 - In the event that permission is granted a number of conditions are sought by the observer relating to construction periods, noise/dust emissions, road cleaning, cleaning of windows of neighbouring houses and tree retention and replacement.
 - The location for the NCH is wrong for the residents and the patients.
 - The Board is requested to refuse permission.

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- The submission includes a number of photographs indicating traffic congestion at various locations adjacent the development site.

1.7.10 Michael Hennigan, SCR, D. 8.

The observer submission from the above can be summarised as follows:

- The proposed development does not meet the objective of the land use zoning Z2 – to protect and/or improve the amenities of residential conservation areas.
- It represents a threat to the established residential amenities of the area.
- The proposed development will provide additional jobs and will provide excellent facilities.
- However, the proposed development does not complement the historic neighbourhood.
- The observer objects to the duration of build requested in the application.
- The height and scale will impact directly on the observer's property.
- Impact on privacy.
- Impact on access to back lane to the observer's property.
- Impact on property value.
- Additional traffic volumes will make it both difficult and dangerous to access the rear of his property.
- Risk of accident relating to construction traffic.
- Traffic impact report is flawed.
- The traffic survey is based on two days, the volume is based on a static observation during peak hours.
- There is a considerable under-estimation on the predicted flows.
- The development will impact on St. James's Adult hospital.
- Concerns relating to building delay, prolonged building works, over runs and increased disruption.
- Lack of future expansion capacity.
- Impact on the development of the overall holding.
- Queries the need to collocate a NCH with an adult hospital, 11 of the 17 world class facilities are not collocated.
- There is no firm plan to provide a world class maternity hospital on the same site, which the RKW report identifies as optimal.
- Other sites have not been given sufficient consideration.
- The already congested local access points will impede on the efficiency of emergency access and will cause difficulty for additional staff and visitors.
- There is no evidence those travelling a distance will use public transport.
- Concerns raised in relation to potential of vermin infestation, increased dust and structural damage.
- A more suitable site would allow the development of the required NCH take place and be fully operational in a quicker timeframe.

- Conditions sought in the event of permission being granted, these relate to: working hours, dirt, noise, vermin control, compensation and trees.
- The Board is requested to refuse permission.

1.7.11 Mr J. Lunn, MB BCh BAO, MCh, FRCSI & Dr. Paula Lunn, Ph.D., SCR, D. 8.

The observer submission from the above can be summarised as follows:

- The observers live on the SCR to the west of the proposed development at St. James's.
- The land use zoning in the area is Z2- Residential Neighbourhood, Conservation Area.
- The development does not meet the land use zoning objective.
- A threat to the established residential amenity of the area.
- They have no objection to the fact that there would be some development on this site.
- They have a general objection to the NCH on the site.
- They have specific objections to the proposed Family Accommodation Unit on the site adjacent the SCR, Brookfield Road entrance.
- They object to the Family Accommodation development exceeding 2 storeys.
- The building to be demolished in this area is 2 storeys.
- All the houses in the area are 2-storey Victorian or Edwardian.
- Building above this height will destroy the character of the area.
- The development will overlook front and rear aspects of these adjacent family homes.
- It will overshadow Brookfield Road.
- The existing building operates on a 9-5 basis, the proposed Family Accommodation Unit will be occupied 24/7.
- Several windows will overlook the front aspects of houses on Brookfield Road, and rear aspects of houses on the SCR.
- It will have a huge detrimental impact on privacy.
- It will be possible to look straight into the observers' bedroom and their children's bedrooms at any hour of the day and night.
- The proposed 4-storey height of the family accommodation development will add to the sense of industrialisation of this urban residential space.
- It will be in direct contravention of the Z2 zoning.
- They strongly object to the removal of the large, healthy, mature Lime tree on the site of the proposed Family Accommodation Unit.
- This tree was conditioned for retention when permission for the existing building on the site was granted (ref: 1485/97).
- This tree integrates the hospital entrance with the tree lined SCR and provides an important visual amenity at the entrance into the hospital complex.
- It provides a habitat for a thriving bird population.

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- The current building at this location was designed to be sympathetic to the local residential environment.
 - The proposed building is completely unsuitable for a residential Z2 zoned area.

1.7.12 O. Curtain & S. Farrelly, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The observer's family home on the SCR is 30 m to the west of the application site.
- Overshadowing and privacy:
 - The Family Accommodation Unit (FAU) is close to the road and its elevation height is 16.1 m.
 - It will have a direct impact on the overshadowing and privacy of the residents along this end of the SCR and Brookfield Rd.
 - The height of the FAU is substantially higher than the existing one on the site.
 - The height of this building goes against the DCC Development Plan with reference to the slenderness ratio of 3:1.
 - It will have a negative impact on the privacy of residents of SCR, Brookfield Rd., Brookfield St. and Cameron Sq.
 - The FAU height is much harsher than the existing buildings on the site.
 - The FAU breaks the continuity of the façade facing SCR and Brookfield Rd.
 - The finish and height is not in keeping with this historical area of Dublin.
 - The observers request that the FAU be reduced in height to an elevation height of 12 m from ground level.
- Impact of traffic:
 - The significantly increased volume of traffic that this development will generate will negatively impact on their lives and make their living situation worse.
 - The level of parking that will be provided is considerably less than the existing levels provided in St. James's and in each of the 3 children's hospitals.
 - Approximately 1,900 sick children will be coming into the site each day, they do not expect the majority of them to use public transport. This area is at maximum capacity during the rush hour periods at present and this development is proposing rush hour conditions in the area during most of the day.
 - They are concerned of the impact that this level of traffic will have on urgent cases and emergency vehicles trying to get to St. James's Adult Hospital as well as the proposed NCH.
 - Concerned about the noise and vibrations from construction trucks waiting at the traffic lights at the entrance to the hospital.

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- Concerns about the volume of trucks passing their house during the various construction stages.
 - The amount of excavated material to be removed by HGVs is an indication that the proposed buildings are much too large for the constrained site due to its inaccessibility.
 - Concerns raised about the operational stage trip generation.
 - The observers request the National Ambulance Service attend the Oral Hearing to explain how their service will operate in practice.
 - Parking issues:
 - Impact on existing on-street disc parking.
 - Not providing adequate parking is totally unacceptable to the parents of the sickest children of the country.
 - Health and Safety issues:
 - Concerns raised about aspergillus/legionnaires disease.
 - They would like to know what specific mitigation actions are planned.
 - Concerns raised about vermin control.
 - Significant additional pressure on the local sewage facilities.
 - Concerns raised about potential flooding at the entrance to the basement car park.
 - More suitable sites are available.
 - Observers question the mitigation proposals in relation to operational stage traffic impacts.
 - Conditions recommended should permission be granted relating to the FAU and a review of the traffic plan

1.7.13 L. McDonald, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Been a resident of the area for the last 50 years.
- Strongly rejects the NCH for St. James's.
- St. James's does not have the space for another hospital.
- Children should have open green spaces available to them, St. James's can not provide these.
- Traffic on the SCR is at a standstill from 4 pm to 6:30 pm every day.
- The residents can not cope with HGVs every 10-20 min up and down the road.
- Dirt and dust generated is of concern.
- Give the people on the SCR some consideration when the decision is being made on the application.

1.7.14 Garret Brady, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The proposal has numerous flaws.
- The access routes/roads are all narrow residential roads that are already at their maximum capacity.

- This will lead to huge problems during the construction period and if it was to succeed would pose great difficulties to any person or indeed ambulance trying to access the site.
- This issue of parking, both at the site itself and adjacent residential areas, now and in the future design is utterly inadequate.
- Construction stage traffic impacts arising from truck movements in the area is of concern to the observer, these relate to danger to residents and children, noise, pollution, dirt generated and damage to property from vibration.
- The design is not suitable for a site adjacent to a historic residential area.
- It is too high, too cluttered and out of scale.
- The site is not suitable for the inevitable expansion of such an institution as the population grows.
- A greenfield site that borders the M50 would be an obvious preference.

1.7.15 Desmond Cox, Dufferin Avenue, SCR, D. 8.

The observer submission from the above can be summarised as follows:

- The preferred model of healthcare is of important contextual interest in the application and is fully accepted by the observer.
- The development will result in a permanent and profound adverse traffic impact for the receiving environment of Rialto, SCR, Suir Rd., Mount Brown and Kilmainham. The proposal depends on access via a highly constrained local road network, both in the construction and operational phases.
- The model of tri-location is being proposed on the wrong site.
- There is a significant likelihood of traffic hazard.
- It is the Government decision that such a model of tri-location should be located at St. James's that is the root cause of such profound adverse impact.
- In the context of considering alternative site options, it is somewhat odd that the Dolphin Report 2012 and the Clear/Martin Report 2012 do not form part of the application particulars.
- It is essential that these reports are considered by the Board.
- The observer's fundamental concern with the proposed development is that the existing heavily constrained and congested local road network cannot facilitate appropriate access either by car or ambulance to the ED, and that a profound traffic impact will arise, putting the lives of patients at risk.
- The observer compares and contrasts the Coombe site with St. James's as contained in the Dolphin Report.
- At a site-specific level, the risks associated with St. James's option in the Dolphin Report are significantly greater than those associated with the Coombe Hospital site option.
- The overall Conclusions and Recommendations of the Dolphin Report are very clear in terms of preference for the Coombe

Hospital site, from both a clinical and academic perspective, and from a design and planning perspective.

- The Coombe option is the optimum location for the NCH, this will allow direct physical linkage with the maternity hospital, and direct spatial linkage with the nearby adult hospital, facilitated by enhanced pedestrian access via Reuben Street and the SCR and a new pedestrian access at Fatima Luas stop.
- The suggestion that any future maternity hospital on St. James's site would have absolutely no additional car parking is quite extraordinary, and reflects the difficulty of seeking to justify the merits of this sub-optimal site option.
- The subsequent Clear/Martin Report reads more as a justification of Government decision already made, rather than as an open, objective and transparent consideration of alternative options from the perspective of proper planning and sustainable development.
- The concerns expressed in the Clear/Martin Report relating to access and vehicle movement to/from St. James's are well founded and cannot be overcome by mitigation measures that are now contained in the application and the EIS.
- There is no material detail in the application particulars relating to the planned decanting element of the project, such as specific siting, access, design and overall impact of such decanting.
- The Clear/Martin Report confirms that the Coombe site has the lowest risk of the city sites from the perspective of proper planning and sustainable development.
- It is imperative that the Board considers the entire process of site optioneering that has occurred in respect of the proposed development and offers it to the public scrutiny and discussion.
- The EIS is a vehicle to justify an inappropriate Government decision, rather than being an objective statement.
- It is clear from all public reports in respect of considering site options that the Coombe Hospital site is the better option.
- The local road network in the vicinity of the Rialto Gate to St. James's is severely constrained, and as a result severely congested.
- The nature of that constraint derives from the existing junctions, meaning that no road widening or other measure can in any way improve this fundamental infrastructural deficiency.
- St. James's site cannot be considered to be more preferable than the Coombe site on the basis of public transport.
- In terms of modal shift, the level of assumption and presumption in the applicant's traffic analysis is extremely concerning and is unduly relied upon to justify the necessary reduction in staff car parking on the site in order to facilitate the new development.
- Management of parking as proposed by the applicant simply cannot be controlled given the significant variety of care cases that will arise at the hospital.

- All construction traffic will be required to traverse on the most congested and constrained part of the SCR as confirmed by the EIS.
- The proposed development must be assessed in accumulation with other planned development in particular, including the ‘decanting’ of certain facilities from the existing St. James’s site.
- Notwithstanding the lack of specific detail of the planned maternity hospital, as per the principles espoused in *O’Grianna*, it is incumbent upon the applicant to at least attempt a cumulative impact of the current proposal with a reasonable understanding of the likely nature and extent of the future maternity hospital.
- The future maternity hospital will make no provision for on-site parking for its staff, assuming that those additional staff members, as well as affected existing staff members of the adult and children’s hospital, will be capable of accessing the site by public transport, bicycle or foot.

1.7.16 Elena Cassidy and John Cassidy, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The site for the proposed NCH is fundamentally flawed as it precludes easy access for parents and their children.
- The ideal site choice is Connolly, it provides easier access for parents and children from across the country.
- The vast majority of children come from beyond the M50.
- Profound traffic problems already existing in the area of St. James’.
- 90% of children come to hospital in a car.
- The observers refer to the Dolphin Report to justify the Connolly site proposal.
- Children must be central to all considerations of the development of their new hospital.
- The reasons for the Mater site rejection are equally applicable to the James’s site proposal.

1.7.17 Conor O’Donnell, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The increased level of traffic both during and after construction will put significant pressure on the local infrastructure which will adversely impact the residential amenity of the area.
- A valuable opportunity to open up the streetscape at the end of the SCR has been lost.
- The development will reduce the value of houses in the area.
- It will increase pressure on people to move away from the area with potential for significant development of private clinics along the SCR.
- The Coombe Hospital is located along one of the main city radial access routes which has been improved in recent years.

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- The observer relies on street parking and ease of access is an important amenity as a residential community.
 - Significant congestion already in the area.
 - Concerns raised in relation to construction traffic hours of operation.
 - On-site car parking provision issues raised.

1.7.18 Philip Ward, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Their home is located in an area zoned Z2 – Residential Neighbourhood, Conservation Area.
- The development currently proposed does not complement this historic neighbourhood.
- Objects to the duration of the build request, it should be reduced to 5 years.
- A more suitable site would allow the development of the required NCH take place and be fully operational in a quicker time.
- Concerned at the height and scale of the proposal.
- Impact on the level of traffic in the area.
- Impact on the adult hospital on the campus.
- Lack of future expansion capacity.
- Visually overbearing development.
- Imposing development.
- Inadequate on-site car parking with consequences for on-street car parking in the area.
- N10 pollutants during construction phase.
- Noise arising from increase of traffic.
- Damage to ceiling plasterwork in SCR houses due to increased traffic vibrations.
- Conditions sought in the event of a grant of permission relating to: hours of construction works; limit to be placed on construction traffic using SCR; dirt and noise; retention of trees, and vermin control.
- Permission should be refused.

1.7.19 Dublin Swift Conservation Group, c/o Helen Burke, SCR, D. 8.

The observer submission from the above can be summarised as follows:

- St. James's is probably one of the last strongholds for swifts within the Dublin 8 area.
- Swifts are loyal to their nest sites and return to the same nesting place each year.
- Our swift population is in serious decline due to the modernisation of towns and cities.
- Modern building practices and renovations of older buildings block entrances to traditional nesting sites and render them swift-proof.
- Swifts have been written into DCC Biodiversity Plan.
- The observer has made a submission to the applicant regarding the installation of swift bricks within the new build.

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- A number of recommendations are made relating to the protection of the swift in the context of the proposed development.
 - Submission includes pictures and a booklet providing swift information.

1.7.20 Tanya Kenny & Daniel Watkins, SCR, c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

Section 1:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
- The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
- It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
- The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
- Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
- The observer submits site boundaries that are considered more appropriate than those of the applicant.
- The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.

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- Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.
 - The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
 - The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
 - It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of

the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.

- Impact on amenity of no. 497 SCR:
 - The observer's dwelling is located on the western side of the SCR at the junction with Mountshannon Rd.
 - The dwelling faces the boundary wall to St. James's.
 - The front of the dwelling enjoys early morning sunlight from sunrise to mid-morning.
 - The 'south fingers' of the proposed NCH are separated 25 m from the corner of the dwelling.
 - These blocks will be visible to the front of the observer's property.
 - These blocks follow the curve of the street and create an enclosing effect as viewed from the observer's property northwards.
 - The previously permitted co-located hospital was further set back than the development currently proposed.
 - The NCH will dominate the views from the front of the observer's property.
 - It will be visually intrusive and have an overbearing impact.
 - An oppressive enclosing effect will be created.
 - The EIS indicates that there will be a reduction in both the Vertical Sky Component and access to sunlight at No. 497.
 - The 'south fingers' of the NCH is the primary contributor to this reduction.
 - While there is a reduction in sunlight in the morning, the loss is significant in the context of the configuration of rooms and orientation of the dwelling.
 - The dwelling benefits from a limited extent of southern light and no western light, accordingly, the morning sun is important to the enjoyment of the dwelling.
 - The reduction in the sky component and access to sunlight will represent a serious depreciation in the enjoyment of the observer's property.
 - The separation distance between the proposed 'south fingers' and the front façade of the dwelling is 21.9 m.
 - There are numerous glazed areas along the entire façade between the 'south fingers', from the floating garden level and from the upper pavilion ward level.
 - These windows will generate overlooking with a significant loss of privacy.
 - The change in scale of development along the street is incongruous and detracts from the integrity of the two storey architectural character of the street.
 - If permission is to be granted, the NCH design should be modified.
 - The building should be setback from the street boundary.

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- Opaque glazing should be used to full height, or eye level, on the interconnecting walkway opposite the observer's property.
 - The balconies facing the SCR should be omitted, or 2 m high screens fitted.
 - Roof garden should be set back from front facade.
 - Tree planting should be provided opposite the observer's dwelling.
 - Overall height should be reduced.
- The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.
 - There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
 - The site and adjoining road network does not have the capacity to accommodate the proposed development.
 - There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
 - The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
 - The observer requests an Oral Hearing.

Section 2:

- Coombe or Connolly sites offer far superior development opportunities.
- St. James's is not big enough.

- Overdevelopment of the site as evidenced in the applicant's Draft Site Capacity Study.
- Generating unbearable strain on local infrastructure and amenity.
- Massive size of a development.
- The traffic forecasts and assumptions are hugely aspirational.
- The narrow streets are unsuitable for high volume, heavy duty construction traffic and will lead to unbearable congestion, noise, dirt and pollution.
- Impact on the observer's privacy, the mitigations offered are wholly inadequate.
- Concerns raised in relation to pollution and dust generated.

1.7.21 Mary Kearney & Joe Ruane, SCR, c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

Section 1:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
- The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
- It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
- The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.

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- Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
 - The observer submits site boundaries that are considered more appropriate than those of the applicant.
 - The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
 - Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.
 - The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
 - The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
 - It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.

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- The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of 501 SCR:
 - No. 501 is located on the southern side of the SCR at the junction with Brookfield Rd.
 - The dwelling fronts towards the existing Rialto entrance to St. James's.
 - The principle façade to the dwelling is north, however, the side of the dwelling is orientated eastwards and south.
 - The eastern side of the dwelling enjoys early morning sunlight from sunrise to mid-morning.
 - The dwelling benefits from a rear annex with windows to the east at ground and first floor levels.
 - A roof level window also benefits from this eastern orientation.
 - The NCH is located to the north-east and east.
 - The 'south fingers' of the NCH are separated 21.9 m from the corner of the dwelling. This block will be visible to the front and from the windows on the eastern façade of the observer's property.
 - These blocks follow the curve on the street and will create an enclosing effect as viewed from the observer's property.
 - The upper level 'Pavilion Wards' will be visible from the front of the property and the southern end of the pavilion ward will be visible from the windows on the eastern façade as viewed north.
 - The previously permitted hospital was further set back than the proposed development.
 - The NCH will dominate the views from the front of the observer's property.
 - It will be visually intrusive and have an overbearing impact.
 - An oppressive enclosing effect will be created.
 - The EIS indicates that there will be a reduction in both the Vertical Sky Component and access to sunlight at No. 501.
 - The 'south fingers' of the NCH is the primary contributor to this reduction.
 - While there is a reduction in sunlight in the morning, the loss is significant in the context of the configuration of rooms and orientation of the dwelling.

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- The dwelling benefits from a limited extent of southern light and no western light, accordingly, the morning sun is important to the enjoyment of the dwelling.
 - The reduction in the sky component and access to sunlight will represent a serious depreciation in the enjoyment of the observer's property.
 - The separation distance between the proposed 'south fingers' and the front façade of 501 is just 21.9 m.
 - There are numerous glazed areas along the entire façade between the 'south fingers', from the floating garden level and from the upper pavilion ward level.
 - These windows will generate overlooking with a significant loss of privacy.
 - The change in scale of development along the street is incongruous and detracts from the integrity of the two storey architectural character of the street.
 - If permission is to be granted, the NCH design should be modified.
 - The building should be setback from the street boundary.
 - Opaque glazing should be used to full height, or eye level, on the interconnecting walkway opposite the observer's property.
 - The balconies facing the SCR should be omitted, or 2 m high screens fitted.
 - Roof garden should be set back from front facade.
 - Tree planting should be provided opposite the observer's dwelling.
 - Overall height should be reduced.
 - The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.

- There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
- The site and adjoining road network does not have the capacity to accommodate the proposed development.
- There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
- The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
- The observer requests an Oral Hearing.

Section 2:

- Impact on observer's home arising from: loss of light; overlooking; abrupt transition; height; scale, and impact on zoned Z2 area.
- Traffic impact concerns arising from: construction phase; operational phase, and parking.
- Health and safety issues relating to: aspergillus/legionnaires disease; sewage; vermin, flooding and helicopter landings.
- Misrepresentation of photomontages.
- Duration of planning application.
- Inability of area to deal with the size of the construction task.
- Conditions sought in the event of permission being granted

1.7.22 Neil Donnellan and Caroline Leaden & others, Mountshannon Rd., Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Opposed to the development at St. James's.
- Request an Oral Hearing.
- Limited space for future expansion of both NCH and existing St. James's.
- Access difficulties for parents coming with their children from outside Dublin.
- Lack of adequate parking for visitors and staff.
- Space constraints in providing a co-located Maternity Hospital in the future.
- Adverse impacts on the local community.
- Increased traffic congestion both during construction and when operational.
- Tallaght and Connolly are better alternative locations.
- The EIS identifies that there is existing traffic congestion in the area.
- The EIS identifies that there will be a considerable increase in traffic both during construction and when the NCH is operational.
- The observers do not accept the validity of the traffic impact mitigation measures.

- There will be considerable adverse impact on both traffic and parking in adjacent residential areas.
- The feasibility and impact of the proposed future maternity hospital has not been adequately considered.
- PM peak existing congestion is due to general traffic volumes leaving town, heading towards the N7 and N4, and is not necessarily directly associated with the hospital, due to this existing congestion around St. James's, it is submitted that this is not a suitable location for a development of the size proposed, together with the future proposal of a maternity hospital and any future expansion of the adult hospital.
- A rating system in relation to severity of impacts should have been used in Ch. 6 of the EIS.
- The construction of a development of this size on a congested city centre site, surrounded by residential streets will have a detrimental impact on both local residents and all road users of the adjacent road network.
- The additional estimated 3444 car movements per day associated with the NCH will have a detrimental impact on both local residents and all road users of the adjacent road network.
- It could be assumed that the cumulative impacts that would result would put the entire project at risk and therefore the applicant has chosen to avoid the inclusion of the maternity hospital component for the present, for strategic reasons.
- There are likely to be severe impacts on local parking by the demands of the new development.
- A congested city centre location, surrounded by residential streets, is not a suitable location for the NCH because it cannot accommodate the car parking demand.
- The applicant's reference to the Dart Underground in the context of integrated public transport, is an example of an aspirational project (now effectively defunct) being used in support of the NCH.
- Submission includes photographs of traffic congestion in the area of St. James's.
- Submission includes a list of names and addresses of residents of Mountshannon Rd., Mayfield Rd. and Madison Rd. who oppose the NCH at St. James's and support the observer submission.

1.7.23 South Circular Road, Kilmainham Residents' Association.

The observer submission from the above can be summarised as follows:

- The observer supports the building of the NCH but not on the grounds of St. James's.
- The site behind the Coombe would be the best option.
- Lack of adherence to CDP:
 - Size, scale and impact on the area.
 - Material adverse impact on the local area adjacent the site due to size and the negative impact the development brings in terms of long-term traffic generation.

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- Abrupt transition with a residential zone (ref: s.15.9 of the CDP).
 - Height of the development is in excess of the CDP (ref: s.17.6.2 of the CDP).
 - Lack of sympathy with the local redbrick zone Z2 and Z1 residential areas (ref: s. 17.1.1, Policy SC30 and s. 4.4.9.1 of the CDP).
 - It does not attempt to harmonise with the neighbourhood and with the historic Museum Quarter of Dublin city.
 - Finish on the building as proposed.
 - Existing buildings at St. James's adjacent the SCR are finished in red brick.
 - Scale of the development on the city scape.
 - Health and safety of the residents:
 - Duration of the construction envisaged in the plan.
 - Observers object to the 10 year duration of the planning application.
 - Level of construction traffic through the SCR.
 - The level of lorry movement on the SCR is totally unacceptable with a lorry on the road every 90 seconds for over 3 years and with an approximate half a million lorry movements on the road for the planned duration of the work.
 - Level of traffic that will be generated by the NCH together with the planned growth of St. James's.
 - There are fundamental errors in the methodology used to assess traffic levels.
 - A situation should not be allowed to arise where two of the most important hospitals in the country are developed in an area that cannot sustain potential traffic growth.
 - The impact on city centre traffic has not been considered in the traffic management plan.
 - The proposed bicycle lane between Rialto Bridge and the corner of the SCR and Brookfield Rd. is a flawed design.
 - Concerns raised in relation to impacts arising from the proposed helipad.
 - Lack of amenity for the residents:
 - Impact of additional parking requirements on the neighbourhood.
 - Should permission be granted conditions sought relating to the following: hours of construction work; road cleaning and maintenance; vermin control, and landscaping.
 - The Board is requested to refuse permission.

1.7.24 Norah and Brian Bailey, SCR, D. 8.

The observer submission from the above can be summarised as follows:

- The proposal does not meet the CDP objective concerning residentially zoned Z2 areas.
- Detrimental impact on the level of traffic both at construction phase and at operational stage.

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- The area is already heavily congested.
 - Concerns raised in relation to the car parking proposals and its impact on the surrounding area.
 - N10 pollutants arising from trip generation.
 - Limitations sought on the construction hours.
 - Dirt and noise pollution should be kept to an acceptable level.
 - Trees along the site adjacent the SCR should be retained.
 - The Board is requested to include radical amendments to deal with the traffic problems.

1.7.25 Lorraine Murray, SCR, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Development does not meet the CDP objective Z2 zoning.
- Impact on the quality of the observer's home life as a result of the construction.
- The duration of the build as requested by the applicant.
- Height and scale of development proposed.
- Traffic impacts.
- Impact on development potential of St. James's adult hospital.
- Lack of future expansion capacity.
- Visually overbearing development.
- Imposing nature.
- Inadequate car parking proposed.
- Increase demand for on-street parking arising.
- N10 pollutants arising from construction traffic.
- Construction stage traffic impacts on the local road network.
- Hours of construction activities.
- Control of dirt, noise and vermin.
- Impact on trees.
- The Board is requested to refuse permission.

1.7.26 Claire Butler, New Ireland Rd. (off SCR), Rialto, D. 8.

The observer submission from the above can be summarised as follows:

- The construction and operational phases will result in a substantial increase in traffic in the area.
- There is already a serious issue with traffic in the area, particularly at am and pm peak times.
- The EIS for projected traffic generation appears to underestimate the future figures.
- They also appear to underestimate the current traffic levels in the area.
- The statement that the cumulative result (with the proposed maternity hospital) will have little or no impact on traffic conditions in the area is ludicrous.
- Reference is made to the existing situation of hospital-generated car parking on the streets in the surrounding area.

- The proposed introduction of on-street pay parking is not a satisfactory solution for residents of New Ireland Rd., Upper Cross Rd. and Portmahon Drive.
- Concerns raised in relation to potential impacts on the local amenities and environment.
- Concerns raised in relation to potential construction stage impacts.
- Concerns raised in relation to potential long-term impacts on local infrastructure with reference to: drainage, surface water, flooding, water supply, electricity supply, cycling infrastructure, Dublin bike stands and Luas.
- Requests made in relation to communications with stakeholders.
- Submission made in relation to the inclusion of a 'social clause' for the duration of the project.
- Submission includes a number of names of residents in the New Ireland Rd., Upper Cross Rd. and Portmahon Drive areas.

1.7.27 Mairéad Déiseach, SCR, D. 8.

The observer submission from the above can be summarised as follows:

- Strongly objects to the proposed location of the NCH for three reasons.
- She is outraged by the proposed demolition of the beautiful old church in St. James's.
- This building has significant history, it should be retained for future generations as a valued example of architectural heritage.
- Many members of the community are puzzled as to why it was not granted Protected Structure status.
- As a resident, the observer can not comprehend how a road that is so congested could be considered suitable to serve the NCH or any future proposals to tri-locate it with the adult hospital and a maternity hospital.
- There is, undoubtedly, a serious drug problem and ongoing pattern of anti-social behaviour in the immediate vicinity of the proposed site of the NCH.

1.7.28 Brookfield Road Residents Association

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the Brookfield Road residential area adjacent the proposed NCH and FAU.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract

from the residential amenities of the SCR, Brookfield Road and Cameron Square.

- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
- The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
- It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
- The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
- Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
- The observer submits site boundaries that are considered more appropriate than those of the applicant.
- The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
- Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
- Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
- Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
- The site coverage of the FAU exceeds the CDP standard.
- The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
- The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
- It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
- The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.

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- The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - Already, certain parts of the existing hospital causes green mildew to grow on the adjacent footpaths.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - Brookfield Road benefits from a strong sense of place and identity.
 - The visual impact of the street will be undermined by the development.
 - The concourse entrance is being hugely expanded from its current scale and location.
 - The FAU will tower over the existing properties along the street.
 - Felling of mature trees will hugely diminish the attractiveness of the street.
 - The style of the proposed development does not reflect the ethos of Edwardian Dublin.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.

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- The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The traffic impacts would mean that the residents of Brookfield Road would find their houses nearly inaccessible.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.
 - There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
 - The site and adjoining road network does not have the capacity to accommodate the proposed development.
 - The proposed transport/parking strategy will almost certainly increase car parking on neighbouring roads and streets, as the proposed concourse opens onto Brookfield Road, it seems clear that this demand for parking will be focused primarily on this street.
 - The planners are sacrificing Brookfield Road and the comfort of all its homeowners for their own convenience.
 - An Oral Hearing is requested.

1.7.29 John McMorrin & Josephine McMorrin, Lorne Terrace, Brookfield St., D. 8.

The observer submission from the above can be summarised as follows:

- Increased traffic congestion.
 - It would make more sense if the NCH was located outside the city with easier access by motorway for the rest of the country.
 - There is already substantial traffic congestion in the area.
 - Closing the through route in St. James's will push more traffic onto Mount Brown.
 - The junction at the Rialto entrance is already a bottleneck.
 - The traffic along Mount Brown is already horrendously busy.
 - During peak periods the SCR is often at a standstill so how can it be possible to add to the gridlock that presently exists without seriously detrimental results?
- Availability of parking.
 - The on-street parking surrounding the hospital is already used frequently by visitors to the hospital, causing problems for residents' parking.

- Many hospital staff work long shifts (13 hours) and unsocial hours and many travel from major distances outside of Dublin.
- The number of parking spaces would not seem adequate for a major hospital.
- No room for expansion of parking.
- Cost of constructing an underground car park.
- Height, scale and proximity to the road and housing.
 - Development not suitable for a traditional, settled and low-rise residential area.
 - The entrance and FAU are very overpowering in comparison to the traditional red brick buildings surrounding the entrance.
 - The observers refer to a number of the applicant's photomontages.
 - The NCH overpowers and overshadows the local community.
 - Impact on existing trees on the campus.
 - The proposed buildings should be stepped back from the road and adjacent dwellings.
- Possible increase in noise and air pollution.
 - Height of buildings would exacerbate traffic noise and contribute to air pollution.
 - Concerns raised in relation to construction stage and operational stage traffic pollution.
- Possible reduction of amenities in the area.
 - Loss of chapel in the St. James's campus.
 - Limitations of the site.
 - Questions how tri-location is possible on the campus given its size.
 - Concerned that future buildings could even be higher than currently proposed.

1.7.30 Marco Di Marzio, Brookfield Rd., c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract

from the residential amenities of the SCR, Brookfield Road and Cameron Square.

- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
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- It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
- The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
- Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
- The observer submits site boundaries that are considered more appropriate than those of the applicant.
- The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
- Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
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- The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
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- The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.

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- The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
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 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of no. 10 Brookfield Road:
 - The boundary to the rear of the observer's property adjoins an existing car parking area to the existing speech and therapy clinic.
 - The proposed FAU is located to the east of the dwelling.
 - The rear garden enjoys eastern sunlight during the morning and the dwelling benefits from reflected sunlight to the front of the dwelling.
 - The proposed main entrance to the NCH is located south east, in a position closer than the existing entrance to the hospital.
 - The FAU will be visible from the observer's property.
 - Beyond that the NCH will also be visible.
 - The proposed extensions to the NCH will further enclose the views to the rear of the property.
 - Given the scale, height and form, the development will be both visually intrusive and have an over-bearing impact on No. 10.
 - The rear garden will be in shadow from sun rise to 11 am.
 - The views from the dwelling will be towards structures in shadow.

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- These changes represent a serious depreciation in the enjoyment of the property for up to one quarter of the day.
 - The FAU is located 39.7 m from the rear façade of no. 10 and will be visible from the rear garden.
 - Windows in the NCH face the observer's property.
 - The extent of the continuous facades to the rear of the property will be visually intrusive, it will be overbearing.
 - Loss of sunlight, both direct and reflected.
 - Adverse overlooking, loss of privacy.
 - Scale of the proposal detracts from the integrity of the street.
 - Relocated entrance to hospital will detract from the existing residential amenity.
 - Scale of development, and intensification of use, will significantly erode the existing sense of place.
 - Increased traffic will significantly alter the character, noise levels and environmental quality of the street.
- The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.
 - There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
 - The site and adjoining road network does not have the capacity to accommodate the proposed development.
 - There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
 - The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be

inadequate parking available for residents in the area who rely on on-street parking.

- The observer requests an Oral Hearing.

Appendix:

- Connolly and Coombe sites offer best potential for future expansion.
- Traffic impact concerns raised.
- Impact on value of the observer's property.
- Concerns raised in relation to access to natural light.
- Loss of privacy.
- Construction stage noise impacts, the observer is, *inter alia*, a music teacher, practicing for concerts or giving music lessons in a construction zone is absolutely impossible.
- The development threatens the observer's career and livelihood as a professional musician and teacher, damages his financial security and undermines his right to quiet enjoyment and amenity of a community he has been part of for almost a decade.

1.7.31 John Raynor, Brookfield Rd., c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
- The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
- It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.

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- The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
 - Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
 - The observer submits site boundaries that are considered more appropriate than those of the applicant.
 - The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
 - Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.
 - The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
 - The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
 - It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.

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- The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of No. 8 Brookfield Road:
 - Given the position, height and scale of the development, the FAU will be visible from the rear garden and first floor window of the dwelling.
 - The NCH will also be visible.
 - The proposed extensions to the hospital will further enclose the views to the rear of the property.
 - The development will be visually intrusive and overbearing. The rear garden will be in shadow as a result of the proposed development from sun rise to 11 am.
 - The FAU is located 39.7 m from the rear façade of No. 8.
 - Loss of reflective sunlight from the front of the property.
 - Adverse overlooking, loss of privacy.
 - Scale of the proposal detracts from the integrity of the street.
 - Relocated entrance to hospital will detract from the existing residential amenity.
 - Scale of development, and intensification of use, will significantly erode the existing sense of place.
 - Increased traffic will significantly alter the character, noise levels and environmental quality of the street.
 - The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate

all three hospitals while achieving overall quality of development and physical environment.

- The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
- The traffic analysis during the operation of the development does not include sufficient stress tests.
- There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
- The site and adjoining road network does not have the capacity to accommodate the proposed development.
- There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
- The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
- The observer requests an Oral Hearing

1.7.32 Martina Hennessy, Brookfield Road, c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.

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- The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
 - It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
 - The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
 - Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
 - The observer submits site boundaries that are considered more appropriate than those of the applicant.
 - The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
 - Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.
 - The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
 - The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
 - It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.

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- The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of No. 51 Brookfield Road:
 - The FAU presents an 11.95 m high façade that steps up to a 15 m high structure facing the observer's dwelling.
 - The separation distance between the FAU and the dwellings is 14.16 m.
 - The FAU will visually dominate the views from the front of the dwelling at ground and first floor level.
 - It will be both visually intrusive and overbearing.
 - The overall impact is an oppressive enclosing effect on the dwelling that detracts from its residential amenity.
 - The combination of the proximity of the FAU and the reduction in the sky component and access to sunlight will represent a serious depreciation in the enjoyment of the observer's property.
 - The separation distance between the FAU and the front of the dwelling is just 14.16 m.
 - The proposed ground floor conference room will obliquely face the living room window of the observer's property and bedrooms at first floor.
 - The separation distance is well below the CDP separation distances.
 - Overlooking and loss of privacy.
 - Insufficient space to accommodate proposed trees.
 - Scale of the proposal detracts from the integrity of the street.
 - Relocated entrance to hospital will detract from the existing residential amenity.
 - Scale of development, and intensification of use, will significantly erode the existing sense of place.
 - Increased traffic will significantly alter the character, noise levels and environmental quality of the street.

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- The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.
 - There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
 - The site and adjoining road network does not have the capacity to accommodate the proposed development.
 - There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
 - The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
 - The observer requests an Oral Hearing.

1.7.33 Ruth Cassidy, Brookfield Road, c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.

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- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
 - It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
 - The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
 - The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
 - The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
 - It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
 - The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
 - Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
 - The observer submits site boundaries that are considered more appropriate than those of the applicant.
 - The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
 - Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.
 - The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.

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- The CDP indicates that *'For the sake of clarity, plant rooms are included in the height definition'*.
 - It also indicates that *'No height greater than that specified for the inner city category will apply until a LAP is adopted'*.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of No. 19 Brookfield Road:
 - The proposed development will be obliquely visible from the front window of the observer's property.
 - The views from Brookfield Road will be dramatically altered.
 - The new development will visually dominate the views along the street.
 - It will be visually intrusive.
 - It will have an overbearing impact on residents of Brookfield Road.
 - The development will have a significant impact on the extent of sunlight that the observer will enjoy during the day.
 - Scale of the proposal detracts from the integrity of the street.
 - Relocated entrance to hospital will detract from the existing residential amenity.
 - Scale of development, and intensification of use, will significantly erode the existing sense of place.

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- Increased traffic will significantly alter the character, noise levels and environmental quality of the street.
 - The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.
 - There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
 - The site and adjoining road network does not have the capacity to accommodate the proposed development.
 - There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
 - The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
 - The observer requests an Oral Hearing.

1.7.34 Gordon Smyth, Brookfield Road, c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.

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- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
 - Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
 - It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
 - The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
 - The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
 - The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
 - It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.
 - The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
 - Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
 - The observer submits site boundaries that are considered more appropriate than those of the applicant.
 - The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
 - Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.

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- The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
 - The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
 - It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.
 - The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of no. 49 Brookfield Road:
 - The proposed FAU is located to the east of the observer's dwelling.
 - The FAU presents 11.95 m high façade facing the dwelling.
 - The separation distance between the new structure and the dwelling is 14.16 m.
 - A conference room is proposed at ground level.
 - Bedrooms are proposed at the upper two floors.
 - The main entrance is located south-east in a position closer than the existing entrance to the hospital.
 - Given the close position, height and scale of the FAU, it will visually dominate the views from the front of the dwelling.
 - It will be visually intrusive and have an overbearing impact.

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- The overall impact is an oppressive enclosing effect of the dwelling that detracts from its residential amenity.
 - The EIS indicates that there will be a reduction in both the Vertical Sky Component and access to sunlight at No. 49.
 - The FAU is the primary contributor to this reduction.
 - This represents a serious depreciation in the enjoyment of the observer's property.
 - The proposed ground floor conference room will directly face the living room window of the observer's property and bedrooms at first floor.
 - The separation distance is well below the CDP separation distances.
 - The development will generate overlooking of the observer's property.
 - There is insufficient space along the foot path to accommodate the trees proposed.
 - Scale of the proposal detracts from the integrity of the street.
 - Relocated entrance to hospital will detract from the existing residential amenity.
 - Scale of development, and intensification of use, will significantly erode the existing sense of place.
 - Increased traffic will significantly alter the character, noise levels and environmental quality of the street.
 - If it is intended to permit development, it is requested that the FAU be redesigned.
 - The FAU should be setback and its height reduced.
 - Street pavement should be designed to allow for successful tree planting.
 - Tree planting should be increased.
 - A line of trees should be positioned to the edge of the proposed plaza.
- The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously

impinge on the amenity of residents in the area for an extended period.

- The traffic analysis during the operation of the development does not include sufficient stress tests.
- There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
- The site and adjoining road network does not have the capacity to accommodate the proposed development.
- There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
- The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
- The observer requests an Oral Hearing.

1.7.35 Maria Conway, Brookfield Road, c/o Sheridan Woods, Architects & Urban Planners.

The observer submission from the above can be summarised as follows:

- It is requested that the development be refused permission.
- A description of the existing environment is provided for the SCR, Brookfield Road and Cameron Square residential areas adjacent the proposed NCH and FAU.
- All three residential areas present their own distinctive character and benefit from a sense of place.
- A description of the application site is given in the context of its interface with the SCR and Brookfield Road.
- Description given of the proposed NCH and FAU as proposed along the SCR, Brookfield Road and Cameron Square.
- It is considered that the proposed development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the CDP and as a result is likely to seriously and adversely detract from the residential amenities of the SCR, Brookfield Road and Cameron Square.
- The CDP notes that while the zoning objectives and development management standards indicate the different uses permitted in each zone, it is important to avoid abrupt transitions in scale and use zones.
- The Brookfield/SCR and Cameron Square lands are zoned Z1 and Z2, the scale and form of development as proposed has a detrimental impact on the amenity of these areas and is contrary to the CDP guidance.
- The plot ratio expressed for the proposed development (1.90) is not an accurate representation of the extent of development proposed.
- It is inappropriate to include the lands outside the site boundary or building line in calculating the plot ratio.

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- The red line boundary indicated in the proposed development drawing extends to the centre of the road to the west, and it incorporates the linear park to the south.
 - Furthermore, the cumulative site area includes the roads that separate the distinctive development areas within the overall development.
 - The observer submits site boundaries that are considered more appropriate than those of the applicant.
 - The plot ratio should be calculated for the distinctive development parcels independently including the FAU and the NCH.
 - Using these more appropriate boundaries, the actual plot ratio for the NCH is 2.3, the plot ratio for the NCH with extensions is 2.9 and the plot ratio for the FAU is 1.7.
 - Therefore, the actual plot ratio for the NCH is the upper level of the CDP 'indicative plot ratio', this is inappropriate in the context of a 'transitional zone' and together with the proposed extension to the hospital, the eventual plot ratio will exceed the development plan standard (0.5-2.5).
 - Using the same more appropriate boundaries as held by the observer, the site coverage for the NCH is 48%, the site coverage for the NCH with extensions is 61% and the site coverage for the FAU is 59%, the actual site coverage for the NCH is the upper level of the CDP 'indicative site coverage' (i.e. 50%) and together with the proposed extension, the eventual site coverage will significantly exceed the CDP standard.
 - The site coverage of the FAU exceeds the CDP standard.
 - The CDP defines the permitted height for various areas, St. James's campus is located within an area where the permitted height is 'below 28 m' for commercial development.
 - The CDP indicates that '*For the sake of clarity, plant rooms are included in the height definition*'.
 - It also indicates that '*No height greater than that specified for the inner city category will apply until a LAP is adopted*'.
 - The proposed roof height exceeds the CDP height of 28 m by 6.95 m, it materially contravenes the CDP.
 - The applicant's planning report relies on the granted MISA building (3607/12) and granted Private Hospital (PL 29S.236070).
 - But the MISA building height to the top of the roof is 28 m, that development generally conforms to the current CDP standards.
 - The Private Hospital had a roof level of 32.85 m above ground, it was set back from the SCR, it had a smaller footprint than the NCH.
 - That permission has expired and was granted prior to the adoption of the current building height policy.
 - The cumulative impact of the higher range of plot ratio, excessive site coverage and building height suggests overdevelopment of the site.
 - The consequence of overdevelopment generates adverse overshadowing and overlooking of adjoining residential areas.

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- The EIS demonstrates that the development will cause overshadowing along the SCR and Brookfield Road from early morning to mid-morning.
 - The submission sets out the distances proposed between the proposed development and the existing adjacent residential areas.
 - The 22 m standard separation distance is not met along the SCR in relation to the NCH, it is not met on Brookfield Road in relation to the FAU and it is not met in relation to the rear of Cameron Square.
 - Furthermore, given the height of the opposing structures at the lower and upper levels, there will be a significant altered perception of overlooking generated and resultant loss of residential amenity of the existing dwellings on the SCR, Brookfield Road and Cameron Square that will be visually obtrusive and have an overbearing impact on the amenity of the residents.
 - Impact on amenity of no. 47 Brookfield Road:
 - The proposed FAU is located to the east of the observer's dwelling.
 - The FAU presents 11.95 m high façade that steps up to a 15 m high structure facing the dwelling.
 - The separation distance between the new structure and the dwelling is 14.16 m.
 - A conference room is proposed at ground level.
 - Bedrooms are proposed at the upper two floors.
 - The main entrance is located south-east in a position closer than the existing entrance to the hospital.
 - Given the close position, height and scale of the FAU, it will visually dominate the views from the front of the dwelling.
 - It will be visually intrusive and have an overbearing impact.
 - The overall impact is an oppressive enclosing effect of the dwelling that detracts from its residential amenity.
 - The EIS indicates that there will be a reduction in both the Vertical Sky Component and access to sunlight at No. 47.
 - The FAU is the primary contributor to this reduction.
 - This represents a serious depreciation in the enjoyment of the observer's property.
 - The proposed ground floor conference room will obliquely face the living room window of the observer's property, and bedrooms at first floor.
 - The separation distance is well below the CDP separation distances.
 - The development will generate overlooking of the observer's property.
 - There is insufficient space along the foot path to accommodate the trees proposed.
 - Scale of the proposal detracts from the integrity of the street.
 - Relocated entrance to hospital will detract from the existing residential amenity.
 - Scale of development, and intensification of use, will significantly erode the existing sense of place.

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- Increased traffic will significantly alter the character, noise levels and environmental quality of the street.
 - If it is intended to permit development, it is requested that the FAU be redesigned.
 - The FAU should be setback and its height reduced.
 - Street pavement should be designed to allow for successful tree planting.
 - Tree planting should be increased.
 - A line of trees should be positioned to the edge of the proposed plaza.
- The scale, massing and design will have considerable negative impact on the immediate streetscape and character of the area.
 - The CDP indicates that urban block lengths greater than 100 m should be avoided, developments should relate to the local context of building patterns or typologies.
 - The proposed building 'moat' separating the street edge and the building, the proposed setback at 3rd floor with intensive planted roof garden level, are incongruous and the curved three storey form is discordant.
 - The building scale is contrary to the local and city building block.
 - The overall development will overwhelm, detract from and result in the loss of the existing local character.
 - The applicant's capacity study highlights the shortcoming of the St. James's campus, there is insufficient site capacity to accommodate all three hospitals while achieving overall quality of development and physical environment.
 - The exportation of excavated material, and the importation of material to the site during the construction period, will seriously impinge on the amenity of residents in the area for an extended period.
 - The traffic analysis during the operation of the development does not include sufficient stress tests.
 - There is an over-reliance on the mitigation measures to ensure that the impact of the traffic proposals will not exacerbate the existing traffic and transport context.
 - The site and adjoining road network does not have the capacity to accommodate the proposed development.
 - There is currently significant pressure on car parking in the locality, the reliance on the modal shift from car use to public transport while commendable is ambitious.
 - The development has the potential to result in the loss of existing car parking spaces at Brookfield Road in particular, there will be inadequate parking available for residents in the area who rely on on-street parking.
 - The observer requests an Oral Hearing.

1.7.36 Ceannt Fort Residents' Association

The contents of the observer submission from the above can be summarised as follows:

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- The application is misleading.
 - The development is described as being 7 stories (above 3 basement levels) when it is in fact 8 stories high (above 3 basement levels).
 - The applicant has been wilfully and deliberately negligent by talking down the scheme and telling the general public and the Board that the scheme is only 7 stories high.
 - The observers have been directed to a deliberate untruth.
 - All public notifications of the development are fatally flawed and contrary to the provisions of the planning statute and regulations.
 - The application should be restarted.
 - The observers question what other untruths lie within the application.
 - The proposed scheme is way over-sized for the available site.
 - It will have a detrimental impact on the neighbourhood.
 - There are huge schedule and cost impacts associated with the proposed enabling works as part of the development just to get the site ready.
 - The site does not offer sufficient land to provide adequate parking, construction facilities, open green spaces and most importantly proper expansion opportunities to future proof the development.
 - A swap should be done, the satellite unit proposed for Connolly Hospital site should be constructed at St. James and the new NCH be relocated to the greenfield Connolly site which offers unlimited site expansion potential with no enabling works requirements.
 - That Connolly site has low planning risk as set out in The Dolphin Report.
 - Alternatively if the government are set in keeping the site in the city centre the entire NCH building could move to the Coombe site as there is adequate land for development, parking, future expansion, contractors compound and more importantly an existing functioning maternity hospital.
 - The Coombe site also got rated as a low planning risk in The Dolphin Report.
 - Ceannt Fort is a 100 year old housing estate, it was the first public housing estate in the country, Ceannt Fort will be heavily involved in the 1916 centenary anniversary.
 - The development does nothing to achieve the Z2 land-use zoning objective.
 - The observers resent all the statements made by the applicant referencing all the consultations with the public as they were in fact just a PR exercise.
 - The observers refer to the CDP in relation to the need to avoid abrupt transitions in scale and use zones.
 - The observers refer to the CDP and the St. James site in the context of plot ratio, site coverage and open space requirements.
 - The proposed scheme is for an 8 storey building above ground level with an overall height to the top of the ridge level of 34.95 m, almost 7 metres taller than currently allowed in the CDP.

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- The development will have a significant impact on the quality of life to the residents of Ceannt Fort, especially those living on O'Reilly Avenue.
 - It also has a negative impact on the residents of the SCR, Brookfield Road, Cameron Square, Faulkner's Terrace, St. John Terrace, Old Mount Brown and St. James Walk.
 - The bulk and massing of the buildings completely overshadow the dwellings and will ruin the existing quaint character of the beautiful Ceannt Fort.
 - All houses will be completely overlooked and will have no privacy at all.
 - Concerned that the construction of the 3 storey basement will result in structural damage to the observers' properties.
 - Rerouting of the Drimnagh sewer, the ESB power supply and the gas mains are all also of concern to the observers.
 - The existing main hospital road is to be rerouted and shall run along the rear of O'Reilly Avenue.
 - This will serve as the main access to the current Adult A&E along with the new NCH A&E.
 - It is also the proposed route for Dublin Bus and passengers on the top deck will be able to see into the rear of the houses.
 - Concerns raised about possible height of future structures in the proposed expansion sites over the Meadow Garden and the A&E drop off area, 6 storey structures in these areas will completely block off light to the houses on O'Reilly Avenue and Cameron Square.
 - The proposed Children's Research Centre is to be located to the rear of the houses on McDowell Avenue in Ceannt Fort.
 - No consideration appears to have been given to the design which shoehorns these oversized buildings into this ancient and historical site.
 - No consultation with the residents prior to lodging the application took place as the first time the drawings were ever revealed publicly was on Thursday 6th August 2015 prior to lodging the application the following Monday 10th August 2015.
 - This structure is located only 1.89 m from the existing boundary wall and less than 5 m from the gable wall to house No. 1 McDowell Avenue.
 - There will be overlooking from the 3 levels of windows, there is also the issue of loss of light due to the massing and scale of the proposed building.
 - The proposal shows that the gas cylinders, waste tanks, lab waste etc. are all to be located between the new buildings and the existing houses.
 - The proposed new pedestrian access off James Street is a grave concern as it opens up the rear of the houses to the general public and is a security risk.
 - No conditioning survey was offered to the residents of McDowell Avenue.

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- The Family Accommodation Unit is to be located at the current Rialto entrance, there are serious concerns from the residents on Brookfield and SCR roads in relation to overlooking.
 - The observers question why the applicant is going to the expense of building a new satellite unit at Tallaght Hospital when they could easily use the existing Children's Hospital Building on site for this purpose.
 - The observers hold that the function, scale and size of the Connolly Hospital Satellite Unit is more appropriate to the current NCH site at James.
 - Concerned about the additional traffic impact on the roads resulting from the Davitt Road construction compound.
 - The local road network is already at capacity.
 - The additional traffic generated by both the construction works and the new development once operational will push the roads to the limit.
 - The cumulative impact of other large developments in the area has not been considered in relation to traffic such as Diageo and other major developments in the area.
 - The Design Report states there will be c. 1000 new car parking spaces provided, the reality is that there are only to be 420 new spaces as an existing 540 spaces are to be removed as part of the demolition works.
 - Currently hospital staff and visitors park in Ceannt Fort blocking access to houses and taking residents parking spaces.
 - Ceannt Fort is plagued by staff and visitors to the hospital parking on the streets.
 - The proposed new entrance from Mount Brown to the proposed basement carpark is of great concern, the streets are very narrow and can't take the additional cars.
 - Concerned about the proposed location of the helicopter pad and its proximity to residential units.
 - Because of the overdevelopment of the site there is no room for the helicopter pad at ground level.
 - The pad is on the roof of the fourth floor, right in front of the children's wards and adjacent to the overhead wires for the Luas below.
 - Impact on residential amenities arising from loss of daylight; settlement and damage to housing; noise; light pollution; traffic impacts, and vermin invasion.
 - The current design does not lend itself to expansion.
 - At no stage was St. James Hospital or any other hospital site selected in the Dolphin Report recommended as the preferred option.
 - St. James's rates very poorly and has a significant risk in terms of planning which was one of the worst ratings.
 - The observers believe that the scale of the proposal on the site constitutes overdevelopment.

1.7.37 St. James's Concerned Residents, c/o John Lane, McDowell Avenue, Ceannt Fort, D. 8.

The observer submission from the above can be summarised as follows:

- Umbrella group representing; Ceannt Fort Residents' Association; Brookfield Residents' Association; Cameron Square; SCR Kilmainham Residents' Association; Faulkner's Terrace; St. John's Terrace, and Lorne Terrace.
- 75% of the patients live outside the M50.
- Almost all children are brought by car.
- Even now it can take 45 minutes to exit St. James's at rush hour.
- In terms of access, no way any right-minded sane individual would consider public transport, it is either helicopter, ambulance or private vehicle, there is no other viable alternative.
- Inadequate car parking proposed.
- Parking and traffic go hand in hand, these are unaddressed issues in the application.
- The recent establishment of a permanent Emergency Aeromedical Support (EAS) service is a most welcome development in Ireland.
- The helipad is located on the roof of the 4th floor directly opposite the children's ward, over the Luas line.
- It cannot accommodate various types of helicopters including the large rescue helicopter used by the Coast Guard.
- The observer refers to advice given by the IAA in relation to helipads.
- The observer requests a Fire Service Expert, a Qualified Emergency Helicopter Pilot and the IAA be available at the Oral Hearing to address issues relating to the proposed helipad.
- Concerns raised in relation capacity constraints at the St. James's site.
- There is no obvious space at St. James's for a maternity hospital.
- ABP should not give permission for the NCH ahead of permission being granted for a maternity hospital.
- Nature is required for healing, it seems very short-sighted that a site with no ground-level green space is being promoted as the best available site.
- Requested experts attendance at the Oral Hearing: NRA; OPW; historians; Veolia; IAA; a pilot; DCC; Child development expert; older person expert; CFO; disaster planners; DoE; DoH; ambulance personnel; Dublin bikes; Dublin Bus; NTA; lighting and noise experts; Development Board of the NCH; ESB; Irish Water; Dublin Gas Co.; legal opinion, and independent construction experts.

1.7.38 McDowell Avenue Residents, c/o J. McPartlin Ph.D., FRCPath., Ceannt Fort, Mount Brown, D. 8.

The contents of the observer submission from the above can be summarised as follows:

- Objects to the proposed development at St. James's Hospital.

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- The applicants are inadvertently about to inflict harm on a monumental scale.
 - Harm due to transport difficulties:
 - Severe problems of vehicular access to the hospital because of traffic congestion.
 - Impact on patients and staff.
 - Reference to public transport alternatives, such as Luas and Dublin Bus, is a nonsense, no one takes a seriously ill child to hospital by public transport.
 - Severely curtailed parking space.
 - In reality, there will only be 420 new spaces as the existing 540 spaces currently serving St. James's and the Trinity Research Centre will be abolished.
 - Parking proposals wholly inadequate to service the proposed new development creating frustration for patients, adult as well as children, and affecting morale of staff.
 - Impact on residents of Ceannt Fort, Cameron Sq. and SCR who currently have hospital staff and visitors parking in their streets.
 - The streets of Ceannt Fort are very narrow and cannot take additional cars.
 - Harm to a large area of the city of Dublin:
 - Concerns relating to construction stage traffic generation.
 - For heroic endeavour and disregard for citizens this aspect of the project conforms to the grand delusional schemes of the past.
 - Heavily-laden vehicular traffic is likely to lead to settlement and vibration damage to housing along the narrow streets such as Faulkner's' Terrace.
 - Impact of noise generated by construction traffic.
 - Residents may expect air pollution on an unimaginable scale during the construction.
 - Dust hazard deserves a section on its own.
 - No strategy is proposed to address the problem of vermin infestation.
 - Loss of conviviality.
 - Harm posed by dust arises during demolition and excavation:
 - Asthma, histoplasmosis and silicosis risk.
 - There are no specific dust mitigation measures referred to in the application.
 - Harm by demolishing and undermining specialised and unique clinical services at St. James's:
 - Provision of the existing services to be demolished and disrupted creating confusion, inefficiency and demoralisation amongst staff already facing curtailment of parking facilities and having to work in a building site environment for the foreseeable future.
 - Trying to fit a quart into a pint bottle.
 - The premier outpatients department in the country is to be demolished, it was opened only 12 years ago.

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- Other existing unique clinical services on the site are to be demolished.
 - Impact on the existing geriatric medicine care at St. James's.
 - Harm by the disintegration and destruction of a nearby settled 100 year old community:
 - Ceannt Fort is surrounded on 3 sides by St. James's.
 - It was completed in its present form in 1922.
 - The area was the scene of some of the most intense fighting during 1916.
 - Ceannt Fort and the old frontage along James's St was zoned Z2.
 - It is inevitable that the so-called 'Meadow Garden' proposed for the NCH will ultimately be subsumed in the maw of the institutional expansion.
 - Eyes will inevitably turn to next door, to Ceannt Fort or Cameron Sq.
 - Harm caused by the construction of the Children's Research and Innovation Centre (CRIC):
 - No consultation with the residents prior to lodging the application took place.
 - No environmental consideration has been given to the design of the CRIC which effectively extends the current Trinity Centre right up to the boundary wall of McDowell houses, blocking daylight and allowing overlooking.
 - The CRIC is effectively the height of a 4-storey house, the proposed development is only 1.89 m from the existing boundary wall and less than 5 m from the gable wall to No 1 McDowell Avenue.
 - No conditioning survey was offered to the residents of McDowell Ave.
 - Concerns raised relating to construction stage access for the CRIC building.
 - Vibration and settlement damage risk.
 - The applicants do not know what the likely conditions for excavation will be from the commencement of excavation, nor are they in possession of reasonably obtained knowledge of what they are likely to be.
 - *Post hoc* corrective action measures will inevitably leave the local residents at a disadvantage.
 - The applicant's proposals for 'community gain' are merely aspirational.
 - The observers request that the application be rejected and resubmitted on a more realistic basis.

1.7.39 Rory O'Callaghan, McDowell Ave., Ceannt Fort, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- 1916 battlefield: South Dublin Union:
 - The site in question forms the ground upon which one of the great battles of 1916 was fought.

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- The structures and buildings that remain from that time that are directly linked to that battle are buildings of national historic importance worthy of the highest form of State protection.
 - National Monuments legislation forbids any alteration to buildings that are of national historic importance without the consent of the Minister.
 - Nowhere in the applicant's plan is there the slightest recognition of the national and international historical importance of this site as a 1916 battlefield.
 - The views of the National Museum of Ireland should be ascertained.
 - Proposed development entirely inappropriate given its scale.
 - Proposed development entirely inappropriate in the context of existing C18th buildings and structures.
 - Proposed development entirely inappropriate given its scale in relation to houses in Ceannt Fort.
 - Concerns raised in relation to loss of light, traffic, pollution and noise.
 - Impact on houses in the area.
 - Refers to Venice Charter Principles.
 - Subsidence and ground stability concerns.

1.7.40 Anthony Keane, McDowell Avenue, Ceannt Fort, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The proposed development will have a significant negative impact on some residents living in the surrounding area.
- Ceannt Fort and the old frontage along James's Street is zoned Z2 Conservation Area, the proposed development does nothing to promote this zoning.
- The archaeology report makes no reference to the significance of the buildings in the events of the 1916 Rising.
- Nonchalant attitude evident in the application towards local residents and existing historical structures, and the impact of the construction on both.
- The design of the proposed CRIC extends the current Trinity Centre almost to the boundary wall of houses on McDowell Avenue, effectively leaving a 4-storey building overlooking the houses and blocking daylight.
- Vibration and settlement damage is most likely, given the nature and scale of the proposed works and this has not been adequately assessed.
- It is unlikely that the 100 year-old drains at the rear of McDowell Avenue will withstand the risk of disruption and displacement.
- Impacts on McDowell Avenue from construction truck activity is a concern.

- It is evident in the application that the impact of noise, air and light pollution, vermin infestation and other environmental hazards have not been adequately assessed or addressed.
- Plans to address traffic congestion in the area during and after the construction phase seem aspirational at best.
- The residents of Ceannt Fort currently have hospital visitors and staff parking in the estate, often blocking access to houses.
- No credible plan is presented in the application to comprehensively address traffic congestion and parking.
- The proposed site expansion of a minimum of 20% will most likely exacerbate negative impacts on the adjoining houses and the residents' quality of life.

1.7.41 Emer Casey, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.

The observer submission from the above can be summarised as follows:

- The observer quotes from the Clear Martin Report to the Minister for Health.
- The site at St. James's is an enclosed, bounded site with little room for expansion.
- If Phase 2 gets constructed the open space of the Meadow Garden will disappear.
- The permission for the maternity hospital should have been sought with this application.
- How can a C21st maternity hospital fit this already unsuitable site, with no room for expansion?
- Residents living beside the proposed site of the CRIC had no consultation with the applicant.
- In an emergency distressed parents will not bring their sick child by bus or Luas to the hospital.
- The availability of parking spaces in this area is already dire with many cars used by hospital staff and visitors already being parked in residential areas surrounding the site.
- The proposed car parking provision on site is not enough.
- Traffic congestion caused at operation stage.
- Wear and tear on the surrounding road network as a result of the increased traffic.
- Construction stage and operational stage traffic impacts.
- 75% of children attending the hospital will come from outside of the M50.
- These are the sickest children and yet these are the children that will be most inconvenienced if the NCH is built in James's.
- Emergency access will be compromised.
- There should be recording of traffic data during school times, bad weather conditions, and Christmas traffic in order to give a fully representative estimate of what the maximum travel times could be.
- The Red Luas is already full to capacity at peak times and standing room only at off peak times.
- Effective public participation has not been achieved.

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- This is an ancient and historic site with strong links to the 1916 Rising.
 - No consideration has been given to incorporating the already existing façade which fronts onto James's Street nor in retaining some of this historic building into the plans.
 - It is not 'an old schoolhouse' as stated in the application but rather a bake house during the Rising and part of the city workhouse.
 - Construction vehicles will impact on the movement of tourists and visitors to the area from all directions.
 - Concerns raised in relation to vibration and digging impacts on Ceannt Fort during the construction stage.
 - Development should be moved away from McDowell Avenue properties.
 - The residential conservation area that is Ceannt Fort is surrounded at all sides by the proposed development, this development does nothing to 'protect and/or improve the amenities of residential conservation areas'.
 - It deleteriously impacts upon the surrounding vistas and wellbeing of the residents.
 - Concerns raised in relation to height, scale, proximity to residences and subsidence.
 - The CRIC building offers no transition at all to the homes on McDowell Avenue.
 - No conditional survey was offered to the residents of McDowell Avenue.
 - No indication has been given to the nature of the waste which will be stored behind houses along McDowell Avenue.
 - There was not sufficient information in the EIS regarding this waste.
 - Concern raised that the houses along McDowell Avenue are at risk of a major incident either from chemical spill, flooding from the attenuation tank or fire/explosion from the gas bottle storage area adjacent the CRIC.
 - Infestation from vermin due to construction activities.
 - Loss of light as a result of the height and proximity of the CRIC building.
 - Concerns raised in relation to impact on the Vertical Sky Component, given the restricted size of the observer's rear garden, any loss of light will have a significant negative impact on her amenity.
 - The CRIC will overlook the observer's property.
 - In relation to Annual Probable Sunlight Hours, the observer considers that the concluding remark for Point 15 on page 56 of the EIS is wholly incorrect relating to her property.
 - Concerned at potential of light pollution from the CRIC.
 - Demolition and construction noise is a concern.
 - Concerns raised in relation to potential of anti-social behaviour.

1.7.42 Timothy Ferris, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.

The observer submission from the above can be summarised as follows:

- Objects to the development at St. James's.
- Due to his health condition the observer will be badly affected by dust and traffic i.e. carbon monoxide.
- Impact on his bird breeding activities at his home, impacts arising from dust, noise and light pollution.
- Concerns raised about the proposed location of gas cylinders serving the proposed development.
- Concerns raised in relation to vermin infestation.
- Overlooking from building workers during construction phase.
- Impact on sunlight to rear yard area of the observer's home.
- His life will be changed dramatically.

1.7.43 Jean Early & John Lane, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.

The observer submission from the above can be summarised as follows:

- The observers would appreciate it if an Oral Hearing was held.
- The scheme is very oversized for the available site.
- It will have a detrimental impact on the observers' neighbourhood from a planning and amenity point of view, building heights, site density and traffic volumes.
- Concerns relate to: restricted access, noise pollution, helicopter pad, transportation, limited parking, no maternity co-location, lack of expansion space, and the misinformation given to the public.
- It is 8 stories high, not 7 stories, all publication material should be withdrawn and corrected.
- What other untruths lie within the application?
- The level of the street at Mount Brown is lower than the basement level.
- A swap should be done, the satellite unit proposed for Connolly should be located at St. James's and the NCH should be located to the greenfield Connolly site.
- Connolly site offers unlimited site expansion potential with no enabling works required.
- Alternatively, the NCH could move to the Coombe site, there is adequate land there for development, parking, future expansions, contractors' compound and there is an existing maternity hospital there.
- Ceannt Fort is zoned Z2, St. James's is zoned Z15.
- Ceannt Fort is a 100 year old estate which is referenced during the 1916 Rising.
- Ceannt Fort was the first public housing estate in the country.
- The proposed development does nothing to protect the special character of the estate as required under the CDP.
- Currently the area of the red line on the site plan is larger than the areas used in the planning calculations and the planning report.

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- The plot ratio for St. James's under the CDP is between 0.5-2.5, excluding the basements and the CRIC the applicant indicates the plot ratio is 1.9, with the basements the plot ratio is 2.5.
 - The observers contend that all basements must be included giving a plot ratio of 2.5 which does not therefore facilitate any future expansion. The basement is ground level for part of the site at Mount Brown.
 - The raised Meadow Garden needs to be included in the site coverage figure, the site coverage for the CRIC was not included in the planning documents.
 - The open space requirements for St. James's under the CDP is 25%, the applicant indicates that open space provision is 27%, but the open spaces as calculated appear to include the Luas track/park which is not in the ownership of the applicant, when Phase 2 gets constructed the open space of the Meadow Garden will disappear.
 - The maximum allowable height at St. James's under the CDP is 7 storeys/28 m above ground level. The proposal is for an 8-storey building above ground level with an overall height of 34.95 m.
 - When measured from Mount Brown at the new proposed site entrance, the building rises 11 storeys above the existing houses along the street as level B02 is c. 1.2 m above the existing street level.
 - Currently the scheme is set back from the street but once the hospital expansion space is developed over the Meadow Garden, the building will loom 10 or 11 storeys above street level.
 - The abrupt changes in scale to the new hospital and its adjacency to the low rise housing stock means the CDP criteria concerning transitional zones areas has been ignored.
 - The additional traffic generated at both construction stage and operational stage will push the roads to the limit.
 - The total number of patients attending St. James's campus (i.e. existing St. James's hospital plus the NCH) will be three quarters of a million per annum in this confined area of the city.
 - Concerns raised about the impact the new road layout will have on the entrance to Ceannt Fort.
 - The cumulative impact of other large developments in the area has not been considered in relation to traffic.
 - St. James's is the only city centre hospital which has no bus lanes on its approach to either entrance which could facilitate ambulance access.
 - Observers raise a number of concerns in relation to the new entrance proposed off Mount Brown.
 - The road at this location is liable to flood and is considered a high flood risk area.
 - The volume of construction traffic proposed in the EIS reports will have the road at Mount Brown at a standstill.
 - During the construction phase the problem arises of entry to the CRIC site, this has not been fully addressed.

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- Car parking on the St. James's campus is already beyond capacity.
 - The car parking proposal is wholly inadequate to service the proposed new development and will impact the functionality of the existing hospital.
 - The traffic plans are completely unrealistic.
 - Concerned at the proposed location of the helipad.
 - Noise and light pollution associated with this helipad.
 - The bulk and massing of the buildings completely overshadow the dwellings and will ruin the existing quaint character of the observers' beautiful estate.
 - Houses will be overlooked.
 - Overlooking from double decker buses using the proposed road serving the NCH.
 - Concerns raised about possible structure damage done to adjacent dwellings from works on the proposed development.
 - No consultation with residents.
 - No mention of the area's association with the 1916 Rising in the archaeology report.
 - No conditioning survey was offered to the residents of McDowell Avenue.
 - Concerned that the proposed pedestrian access off James's Street is a security risk.
 - A number of drawings relating to the FAU are missing their north point.
 - Concerns raised in relation to the proposed Davitt Road construction compound.
 - Impact on existing residential amenities arising from: loss of day light; settlement; damage to property; noise generated; light pollution; traffic impacts; vermin infestation, and aspergillus/legionnaires disease.
 - The site capacity is too small.
 - At no stage was St. James's or any other hospital site selected in the Dolphin Report as the preferred option.
 - Concerns raised in relation to the 'community gain' proposal.
 - Issues raised by the ABP Inspector at the pre-application stage meetings have not been addressed in the application.
 - The observers superimposed the proposed NCH on the Coombe and Connolly sites indicating site coverage and capacity issues.

1.7.44 Nigel Buchalter, McDowell Avenue, Ceannt Fort, Mount Brown, D. 8.

The observer submission from the above can be summarised as follows:

- Strongly objects to the development.
- If the CRIC is built it will block out his view and cast a shadow on his property.
- Construction stage activities and associated dust, dirt and noise, will prevent him from sleeping after a night shift.
- Vibrations and general disturbance are a concern for him and his neighbours.

- Lack of consultation.
- The CRIC is on higher ground and is too close to the houses in McDowell Avenue.
- Concerns in relation to the location of the waste disposal area, oil tank and gas bottle storage so close to their houses.
- Depth of basements is also a concern.
- Reference to a schoolhouse on the submitted documentation is incorrect, it was a workhouse.
- The CRIC will dwarf their houses.
- Potential for rodent infestation and associated problems.
- Impact on flora and fauna at the site of the proposed entrance off Mount Brown.
- Concerns raised in relation to aspergillus spores arising during construction phase.
- It is incomprehensible that the St. James's site was chosen.
- It is very restricted in terms of future expansion.
- The utter chaos, mayhem and general disruption can be easily avoided if the Dolphin Report is taken seriously.
- Residents in the surrounding areas deserve to have their daily lives undisturbed.

1.7.45 G. & R. Ray, J. & M. McGuinness, J. & B. Meehan, O'Reilly Avenue, Ceannt Fort, D. 8.

The observer submission from the above can be summarised as follows:

- The observers reside on O'Reilly Avenue, Ceannt Fort and object to the proposed development.
- There are in fact 8 upper floors and not 7 as stated by the applicant.
- This will have a major impact on the natural light being obliterated from the residents particularly on O'Reilly Avenue.
- The size of the development will overlook some of the houses on O'Reilly Avenue and invade their privacy.
- The overshadowing report is obviously based on the structure having 7 floors as opposed to 8 floors so one would have to wonder how accurate the report is.
- The proposed road that will run adjacent to back boundary walls of O'Reilly Avenue will have a huge impact from noise and fume pollution as it will carry all public transport and emergency ambulances.
- This road runs within meters at the rear of the houses on O'Reilly Avenue.
- Concerns raised in relation to subsidence in the context of proposed major excavation works.
- The proximity of the proposed underground car park is cause of grave concerns relating to potential movement of foundations.
- Inadequate car parking proposed, parents will be left looking for car parking in the surrounding areas.
- Car parking in the surrounding areas, such as Ceannt Fort, Mount Shannon, Brookfield Road, Cameron Square and Mount Brown, is

already a problem for local residents and this will only compound the problem.

- Traffic in the area is already a major problem.
- The volume of extra vehicular traffic particularly during the building and decanting phases will have a detrimental effect on all local residents trying to go about their daily business.
- The main road into the underground car park will be at Faulkner's Terrace and this is a small narrow road that surely will not be able to cope with the levels of traffic that it will encounter during the building of the proposed development.
- The proposed garden area for sick children will be used for future expansion when it is required.
- Did the applicant consider alternative sites?
- Locating the NCH at the St. James's campus that has no maternity hospital does not make any sense.
- Connolly site has greater space, the Rotunda is to relocate there, it is easily accessible from the M50 and it would cost 25% less to develop.
- Connolly can also offer unlimited spaces for parking for staff, parents and visitors and will not affect surrounding residential parking.
- During the decanting phase and building phase there will be major disturbance to local vermin especially as the main Drimnagh sewer has to be re-routed behind the houses on O'Reilly Avenue.
- As residents of the area they are delighted to have St. James's adult hospital in their locality and welcome developments to the hospital within reason.
- While they welcome the building of a NCH they feel that the proposed St. James's location is totally inadequate.
- The submission includes a petition with 24 signatories from residents of O'Reilly Avenue who oppose the development.
- A map is also included showing the location of houses on O'Reilly Avenue in the context of the proposed road and underground car park.

1.7.46 Heather Iland, O'Reilly Avenue, Ceannt Fort, D. 8.

The observer submission from the above can be summarised as follows:

- The observer outlines her concerns in relation to traffic impacts, referring to current traffic congestion in the area and questioning what it will be like with the proposed development in place.
- Concerns raised in relation to car parking provision proposed.
- The observer refers to concerns about flooding in the area.
- The development is ludicrous, there is no room for growth and expansion, by the time it's finished it will be too small to serve its purpose.
- The observer questions why was the Coombe site mentioned in the Dolphin Report never given proper consideration.

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- The observer refers to the Dolphin Report in relation to weaknesses identified for the St. James's campus site.
 - The applicant did not inspect the observer's house.
 - The observer wants a condition survey.
 - The 3 m high underground service tunnel is to be located 10 m from her home.
 - Concerns raised in relation to dust, noise and pollution.
 - The observer wishes to voice her objection to the development in the strongest terms.

1.7.47 Vanessa Leonard and John Murphy, Donnellan Avenue, Ceannt Fort, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Strongly opposed to the development.
- Their property can not possibly take the impact.
- The houses are over 100 years old.
- Concerned about the scale of the proposal.
- It will destroy their house.
- The area is already congested with traffic every morning and afternoon.
- The area cannot possibly cope with the additional traffic that will be generated.
- Not enough parking spaces being provided for both patients and visitors.
- No room for the hospital to expand in the future.
- The site is already congested.
- No green areas being provided for sick children.
- The area is not a very desirable location to build a new state of the art children's hospital.
- Concerned for people's safety at night.
- The observers hope there will be an Oral Hearing.

1.7.48 Sean Finn, Faulkner's Terrace, Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Astonished that it is planned to put such an important hospital entrance on Faulkner's Terrace.
- The road already suffers from congestion.
- It is a dangerous road, there have been several fatalities.
- In addition to usual peak times, the road is often busy late at night and into the early hours.
- Construction stage traffic safety concerns raised.
- It will have serious implications for commuters and car drivers.
- It cannot be emphasised enough that Faulkner's Terrace is just that, a terrace, no front gardens and only feet from the main road and yards from what will be a construction site, the construction entrance is only 14 paces from the observer's home.

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- Noise, dust and environmental concerns raised.
 - Faulkner's Terrace is very much a flood prone area.
 - Impacts from transfer of demolition waste from the site.
 - Works affecting road capacity are often restricted to night time periods, this has impacts on residents of the area.
 - Rodent infestation is a concern.
 - Stress caused to residents during construction period.
 - Observer refers to noise and vibrations emanating from St. James's.
 - Huge pressure on car parking spaces as a result of the proposed development.
 - Concerns raised in relation to works proposed to the Drimnagh Drain.
 - Future of the energy centre.
 - The NCH will have calamitous effects on the lives of the residents of Faulkner's Terrace.

1.7.49 Elida Maiques, Cameron Sq., Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Observer has concerns in relation to the development at St. James's.
- Concerns relate to the hospital as a service to sick children from all over the country as well as concerns relating to the permanent damage it could cause to the local community.
- Poor access:
 - 75% of seriously ill children live outside the M50.
 - It would seem logical not to force driving parents to come into the metropolis and try and park in an area that is already built up and not so easy to navigate.
- Very limited green space:
 - No ground level green space.
 - Children need nature to heal.
 - Connolly is bigger with green space.
- No colocation with a maternity hospital:
 - There is no obvious space for a maternity hospital at St. James's and permission for one has not been sought.
 - ABP should not give planning permission for a children's hospital ahead of permission being granted for a maternity hospital.
- Either maternity hospital or outpatients wing:
 - No room for the maternity hospital without demolishing part of the adult hospital (outpatients).
- No room for expansion:
 - The NCH would overshadow and affect deeply the Cameron Sq. area.
- Costs:
 - Connolly site would not involve such costs.
- Environmental cost:

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- Noise, dust, vibration pollution are all very high environmental costs.
 - Cost of generating tons of rubble.
 - Subsidence:
 - Risk of subsidence to adjacent houses.
 - Diminishing sunlight and privacy for residents.
 - Diminishing warmth and daylight.
 - Cycling on the SCR is difficult even with light traffic.
 - Insufficient parking.
 - The neighbourhood will be swamped with parking from visitors.
 - Cameron Sq. already has cars parked on the pavement.
 - Extensive to and fro traffic, road surfaces damaged by the extra stress of heavy trucks from the Davitt Rd. site.
 - High cost to divert the Drimnagh Sewer.
 - Noise pollution.
 - Noise and vibration coming from the helipad will be a permanent disturbance to residents, patients and remaining local birds and wildlife.
 - Height of proposed Family Accommodation Unit.
 - Repair works to the steps from Cameron Sq. to Mount Brown will have the residents' access to that side of town and public transport cut off for a long period.
 - Security compromised by new steps to rear of houses in Cameron Sq.
 - Loss of patch of grass next to the Rialto Luas Stop.
 - Concerns in relation to impact of dust generated.
 - Human beings and plants will suffer from impacts from vibration from drilling during construction.
 - Fumes from extra traffic.
 - Local drainage system is currently overloaded.
 - Invasion of rats from excavation works.
 - Impact from traffic on amenity of the area.
 - Destruction of social cohesion.
 - Tenants forced to move out.
 - Home owners forced to sell.
 - The NCH is being shoehorned with great difficulty into the St. James's site.
 - Connolly site:
 - Good access, nationwide.
 - Unlimited parking.
 - Ground helipad.
 - Significant expansion space.
 - Rotunda to relocate there.
 - Superb parkland environment
 - Low planning risk.
 - Better, cheaper, quicker to build at Connolly.

1.7.50 Triona Hensey, Cameron Sq., Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Although the observer is in favour of the project, she has grave concerns regarding the proposed site.
- The proposed development will add significantly to the already existing traffic congestion problems, both during construction and operational phases.
- Insufficient parking.
- The reduced number of spaces will have a major impact on residents of the area and patients, visitors and staff of the hospital.
- It is difficult to see how a large children's hospital can be squeezed into the space and leave room for the future expansion of both the NCH and the adult hospital.
- The proposed development has no green areas for sick children to spend time in.
- If the proposed development goes ahead the already reduced green area along the Luas line from Rialto Bridge to Fatima will be much reduced.
- Impact from dust generated at construction stage.
- Noise impacts from construction activities and construction traffic.
- The houses on off Cameron Sq., as well as other residential areas, are very close to the planned site.

1.7.51 Margaret Healy, Cameron Sq., Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- The NCH will have an extremely detrimental effect on the community and residential amenities both during the construction and operational stages.
- The site at St. James's does not appear to be in the best interests of sick children and their families.
- It would be best located on a large site with a large amount of green space which is beneficial to the holistic health of the children.
- Not enough space at St. James's for expansion and for a separate palliative care facility.
- Views of sick children and their families are being ignored.
- The rooftop garden is on the 4th floor with 4 floors rising above it.
- The claim that it is of benefit to have the children's hospital on the site of an adult hospital has not been proven.
- What is of benefit is to have a maternity hospital on site.
- Site at Davitt Rd. will increase cost, increase construction time, and increase traffic congestion in the area.
- It should be located next to a motorway, it is a hospital for Ireland not just Dublin.
- Connolly Hospital site would be a better location.
- The roads inside and around St. James's are already overloaded and suffering from serious traffic congestion.
- Construction stage and operational stage traffic impacts are of concern.

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- DCC should request the submission of a Construction Traffic Management Plan prior to the commencement of development.
 - Insufficient parking proposed, existing problem of parking in the adjacent residential areas surrounding St. James's.
 - Noise and vibration concerns for both the construction stage and operational stage (relating to demolition, piling, excavation, building, extra traffic, helipad activity, service plant, car parking activity, deliveries, emergency services and waste/service yard activities).
 - Noise barriers are requested.
 - Construction hours should be limited.
 - Noise and vibration from helicopters landing and taking off.
 - Helipad should be on ground level.
 - Impacts from dust generated at construction stage.
 - The drainage/sewage systems in the area are old and in some cases already overloaded.
 - Concerned about possible invasion of rats.
 - Concerns relating to subsidence and structure damage to her house.
 - Height, size and scale of the proposed NCH.
 - Overshadowing concerns.
 - Light pollution from the proposed NCH.
 - Security concerns relating to the steps to the rear of Cameron Sq.
 - Proposed 10 year construction period is unacceptable.
 - Effects on residents' health and quality of life
 - If permission is to be granted the observer requests that a Construction Monitoring Committee be established.
 - The Board is requested to refuse permission.

1.7.52 Barbara and Aoife Henkes, Cameron Sq., Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Limited space available for a development of this scale including room for necessary future expansions.
- Access to the site both for construction and operational traffic.
- The overshadowing and subsequent loss of light and privacy to the established residential areas of Cameron Square, Ceannt Fort and Brookfield Road by the main hospital building.
- It is wrong to cram this development into such a restricted site when there is a more suitable site available at Connolly in Blanchardstown.
- There is a discrepancy in the drawings measurements in relation to the proximity of the proposed Family Accommodation Unit.
- Neither measurement take into account the living space extension to the observers' property, or connect to the nearest corner of the proposed building.
- Rather the measurement is taken from a point further along past the kitchen/common area building resulting in a larger distance on paper (27.5 m rather than the correct 19 m).

- It is misleading and inaccurate.
- Given this discrepancy in addition to the misrepresentation of the overall height, the observers are extremely concerned about further misrepresentations in the submission.
- Concerned in relation to construction stage and operational stage access to the site.
- All roads accessing St. James's are narrow, congested, there is no room for a bus or an emergency lane.
- No parent with a sick child will want to use public transport.
- The new hospital is a national hospital and will service seriously ill children from all over the country.
- It should be situated just off the M50.
- Concerns relating to environmental impact on the surrounding neighbourhood.
- The scale and form of the development is contrary to the CDP zoning and guidance.
- It will have a detrimental impact on the amenity of Cameron Square.
- The NCH and the FAU will severely overshadow the southern and eastern section of Cameron Sq.
- Concerned about air pollution, light pollution and noise from a construction site of this scale.
- Proposed hours of work as per section 3.3.11 are unacceptable to the residents.
- As identified in the Dolphin Report, Connolly Hospital is a more appropriate location for the NCH.
- Connolly site has : good access; unlimited parking; ground helipad; expansion space; Rotunda to relocate there; parkland environment; low planning risk, and cheaper and quicker to develop.

1.7.53 Deirdre Carroll, Cameron Sq. Kilmainham, D. 8.

The observer submission from the above can be summarised as follows:

- Objects to the development.
- It is a gross overdevelopment of the site with inadequate space for future development as outlined in the submitted plans.
- The infrastructure is incapable of supporting this development and it will lead to traffic gridlock.
- It is an entirely inappropriate development for a zone 2 residential neighbourhood.
- The NCH should be developed at Connolly and a satellite centre developed at the St. James's site.
- Another viable alternative is the Coombe site.
- The draft Site Capacity Study in the application clearly indicates the limitations of the current St. James's site, not only for the future development, but as a site for the planned NCH.
- It also raises fundamental questions as to the continued provision of adult services at St. James's which is the primary designation of the site.

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- The campus is barely capable of achieving the quantitative extent of development required within the standards of the Development Plan with little room for further expansion or enhanced public realm.
 - Whilst the proposal briefly considers phasing options, it does not detail how this future development can be carried out with a fully functioning adult hospital and NCH on site.
 - The publicly displayed site notice is incompatible with the present application, which is for an 8 storey building.
 - The site will be accessed by two roads, the Old Kilmainham Road and the SCR, these roads are already operating at full capacity and come to a standstill at rush hour in the morning and in the evening.
 - The traffic assessment detailed in the EIS is flawed, both in terms of methodology and conclusions.
 - The applicant should conduct realistic modelling of likely traffic flows, indicating 'worst case' and 'best case' scenarios.
 - The applicant should provide detailed contingency plans for dealing with traffic during emergency conditions such as adverse weather conditions.
 - The projected modal split of 27% of staff travelling by car appears highly optimistic given current car usage by staff.
 - Reducing the ratio from 1 space per 2.8 staff to 1 space per 5.8 staff members is highly optimistic.
 - The application does not clearly identify capacity in respect of sewage.
 - The water pressure in Cameron Square is very poor.
 - The development by reason of its inappropriate scale, bulk, mass and layout materially contravenes the Development Plan.
 - It will have a detrimental impact on the amenity of Cameron Square.
 - This will be particularly detrimental to the observer's home, both to the east facing boundary and to the south facing boundary.
 - This much is acknowledged by the overshadowing analysis in Ch. 13 of the EIS Microclimate – Point 9, Plate 13.9 (concerning No. 31 Cameron Sq.).
 - The EIS grossly understates the extent of overshadowing, overlooking and sunlight blocking, it also uses inaccurate measurements.
 - The observer's home is going to be detrimentally affected both to the east by the NCH and to the south by the FAU.
 - Additionally a new road is proposed to run directly up to the observer's boundary on the east side with associated noise and pollution impacts.
 - Height materially contravenes the Development Plan.
 - The proposed separation distance between the development and the observer's property is inadequate.
 - They will be overshadowed and overlooked on two sides.
 - The NCH will overlook their garden and main living area.
 - The NCH should be set back and lowered.
 - All windows and balconies overlooking the observer's home should be glazed in obscured glass.

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- The observer is seeking more detailed shadow studies.
 - It will be impossible to continue growing fruit and vegetables in their garden due to the severe deterioration in sunlight.
 - The added traffic will impose time constraints on normal activities, along with added danger for children and old people.
 - The observer is concerned that the steps from Cameron Sq. to Old Kilmainham Road will be closed off for over a year for development.
 - The observer has serious concerns regarding security due to the huge increase in pedestrian traffic and footfall of unrelated persons in and around their homes.
 - The dirt, noise and air pollution, both from construction stage and operational stage, will only be 12.5 m from the main door of the observer's home.
 - It will have a detrimental effect on the health of her family.
 - Concerns raised about the generation of asbestos dust.
 - There will be very significant light pollution from the NCH and the new road running along her boundary fence.
 - The massive planned excavation is extremely close to their home.
 - Extremely concerned at noise levels if permission is granted.
 - Reference is made to issues raised in the Inspector's Report on PC0158 (pre-application consultation).
 - The observer is extremely disappointed at the adversarial, antagonistic, disrespectful and combative attitude adopted by the applicant.
 - St. James's is not suitable for the proposed development.
 - The Board is requested to refuse permission for the development.

1.7.54 Dr. James M. Sheehan FRCSI. MB. Ph.D., B.Sc., MSc., C.Eng., FIEI, FAEI., Cross Avenue, Blackrock, Co. Dublin.

The observer submission from the above can be summarised as follows:

- The observer objects to the NCH at St. James's site.
- The pre-application consultation process raised a number of queries that remain unanswered.
- Inadequate time frame and consideration of the Dolphin Report by Cabinet members, the report was submitted on the evening of the 05/11/12 and signed-off by Cabinet the following morning.
- Inadequate access of the St. James's site to cater for the additional and future growth needs of the planned facility.
- Inadequate location of the proposed helipad.
- Inadequate parking at the St. James's site to cater for the additional and future needs of the planned facility.
- Cost benefits of locating the planned hospital on a greenfield site.
- Site limitations as outlined in the Dolphin Report.
- Inadequate square footage to cope with evolving and future capacity requirements of a children's hospital, including sub-specialisation.
- Failure to co-locate or tri-locate with a maternity hospital.

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- Speed of construction and ongoing disruption to business as usual at St. James's hospital compared with a greenfield site.
 - On-going and unnecessary impact on the surrounding residents versus a greenfield site.
 - Staff considerations.
 - Construction and demolition impact.
 - Attractiveness of a greenfield location.
 - Visual and streetscape impact on the local and wider environment.
 - Underground infrastructure.
 - A far superior hospital could be constructed on the Connolly site at Blanchardstown in a shorter period, even allowing for a redesign and new planning application.
 - As the Dolphin Report rightly stated "we have a once in a lifetime opportunity to get this right", for this reason alone, the current application must be rejected.
 - The observer is a surgeon and an engineer, he has planned, designed and commissioned three newly built hospitals in the past 33 years (the Blackrock Clinic, Galway and Hermitage Clinics).
 - He has in the past served on the Board of Crumlin Hospital to assist and advice on the development of a new paediatric hospital.
 - He was a key mover in instigating the merger of the three existing children's hospitals.
 - He has no conflicted interests (commercial or otherwise) and has no political affiliation that would in any way influence his views on such an important matter.
 - It is difficult to believe how the St. James's site was selected, it fails the test for a new NCH on almost every parameter.
 - The St. James's site has significant problems, but was chosen as it had eleven national adult specialities on site, five of these are laboratory based, can be sited anywhere and have no relevance to location of a children's hospital.
 - While currently there is some cross over by specialists who practice in both paediatric and adult sub-speciality, the Dolphin Report in 2012 acknowledged that "Paediatric Hospital dependency on adult specialists will decline as paediatric subspecialties develop".
 - The hospital with the greatest number of specialities under one roof in Ireland is Crumlin which has 39 specialities.
 - The Dolphin group was not asked to recommend any one particular site but to consider the pros and cons of sites adjacent to adult teaching hospitals.
 - The Connolly site, according to the Dolphin Report, was the site with the lowest planning risk.
 - When the report was presented to Government it was incorrectly informed that the outcomes for children were better if the paediatric hospital was co-located with an adult hospital with multiple specialities, there is no scientific evidence published in the international journals to substantiate this claim.
 - The Connolly site is greatly superior to the St. James's site.

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- Paediatric dependency on any adult service will become a thing of the past.
 - Connolly is the ideal site, it has access for all the country including Northern Ireland due to proximity to the M50, it provides a parkland setting which is highly desirable for children's holistic care, there is space for unlimited parking, construction costs will be minimised, a new Maternity Hospital can be included in the plans from the outset, the existing general hospital is a major teaching centre for the RCSI, it is in State ownership, and all bedrooms can be designed to have a south-westerly orientation.
 - The current road network is inadequate to handle the existing traffic at St. James's adult hospital.
 - The proposed development will result in gridlock, it will bring traffic to a standstill.
 - Ambulances bringing acutely ill patients to the ED will experience serious delays and this will jeopardise the care of patients, avoidable deaths will inevitably occur.
 - It is a fact that 90% of children attending hospital travel by car, as confirmed in the Dolphin Report.
 - The location of the proposed helipad is at a significant distance from the Children's A&E service and also a significant distance from the planned adult A&E department.
 - The standard practice for hospital helipads worldwide is to locate the helipad whenever possible at ground level, or if a roof top location has to be chosen, it should be at the highest point of the roof for safe access.
 - Many of the buildings on the site at St. James's are listed, this creates considerable problems in planning the future development of the site and imposes serious restrictions.
 - St. James's is currently the largest hospital in the State with 1020 beds, it treats 25,000 inpatients, 95,000 day patients and one quarter of a million outpatients annually.
 - It has 4,500 staff and 367 underground parking slots as well as a small number of surface parking areas.
 - Traffic chaos exists currently on the site.
 - DCC have clearly stated that cars are unwelcome in the city area, hospitals require easy access and parking.
 - The best public transport systems cannot compensate for vehicular access.
 - There will be a net gain of only 420 spaces for the overall site.
 - The observer questions whether adequate manoeuvre space is provided for in the car parking spaces to allow for placing/extracting a child from the rear car seat.
 - Failure to provide parking for critical members of staff and their dependence on public transport will ensure significant staff shortages due to inability to recruit staff.
 - The new Alder Hay Children's Hospital in Liverpool has provided 1,200 parking spaces.

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- The recently built Queen Elizabeth adult hospital in Birmingham has provided 3.13 spaces per bed.
 - The new Children's Hospital in Melbourne has provided 6.7 spaces per bed.
 - Cincinnati Children's Hospital has expanded to 13 spaces per bed.
 - St. James's NCH is proposing 2.1 spaces per bed.
 - Construction costs for this site as opposed to a greenfield site such as Connolly will add between €150m to €200m to the final bill.
 - The Dolphin Report identified a site requirement of 5 to 6 ha., the initial St. James's site identified 2.44 ha.
 - The site is inadequate for a maternity hospital as the Coombe occupies a site of almost 3 ha.
 - The hospital is designed for a minimum of 50 to 100 years, the opportunities for expansion is greatly curtailed.
 - It is projected that 20% expansion space is required, this projection is totally inadequate and a major error.
 - In Crumlin Hospital in the past 10 years the clinical space increased by 75%, Toronto Children's hospital doubled in size every 10 years.
 - The observer outlines the expansion of the Blackrock Clinic and the Galway Clinic.
 - The one thing we can be sure of when planning a new hospital is that over a short period of time new modalities of treatment will become available, yet at any given moment in time we have no idea what these may be.
 - Hospital and airport planning share the same need for future proofing.
 - It would be negligent in the extreme not to make provision for a Maternity Hospital alongside the NCH.
 - Construction at the St. James's site will require a significant prolongation of the building contract.
 - Disruption is already taking place at St. James's and is an indication of the inadequacy of the existing adult site.
 - The proposed hospital will overshadow residential areas on the north, east and west aspects.
 - Overcrowding of the existing roads is already present due to parking by some staff.
 - It is overambitious and ill-advised to contemplate tri-location on an inadequate site and even if all three could be squeezed onto the site at this point of time, which is impossible, the future of all three is severely compromised.
 - There is no evidence whatsoever that co-location with an adult hospital improves the outcome for children.
 - Noise pollution, at construction stage, will cause patient annoyance and distress.
 - Ultimately the adult hospital will be compromised not just in the short term but forever due to overshadowing from the massive structure adjacent to low rise buildings.

- The development of the satellite centres is necessitated by the inability of the St. James's site to adequately accommodate all the required services.
- The proposed inner garden in the NCH will be overshadowed.
- The proposed meadow area is designated for expansion.
- Rerouting of underground services adds greatly to cost.
- Uncertainty as regards the archaeological heritage exists and the possibility of multiple graves on the site are factors which could seriously disrupt the programme.
- The observer would appreciate the opportunity of clarifying and expanding on his submission at an Oral Hearing.

1.7.55 Tallaght Hospital Action Group (THAG)

The observer submission from the above can be summarised as follows:

- THAG is a community organisation formed in 1991 to lobby actively for the building of the AMNCH Hospital at Tallaght.
- The action group has a variety of members from the broad Tallaght and catchment area.
- As parents and grandparents they are well qualified as any to point out the inadequacies in this project.
- Site issues at the James's Campus relating to the Model of Care and need for expansion:
 - The Rawlinson Kelly & Whittlestone Ltd. (RKW) Report Oct. 2007 laid out in clear terms the services which should be provided at what were then called Urgent and Ambulatory centres and are now simply referred to as 'satellite centres'.
 - RKW's recommendations state that 28 day case capacity would be required at the Tallaght campus, 23 consulting rooms for outpatients and 5 operating theatres.
 - It outlined the need for Ambulatory and Urgent Care Centres to relieve the pressures and unwarranted visits to the tertiary hospital and used attendance numbers for day case surgery, outpatient attendances and ED presentations to back this case.
 - It highlights that while all first attendances in outpatients in general surgery, paediatrics and psychiatry should be at the tertiary hospitals many second and subsequent appointments should be held in the Ambulatory care centres.
 - The Irish Association of Emergency Medicine stated that the optimal Emergency Department service provision would not be best served with only one fully functioning ED department for children.
 - The KPMG Report on maternity services recommended that the Coombe Hospital be relocated to the Tallaght site.
 - Almost 20% of the Coombe's activity originated from Kildare.
 - Under the current proposal minimal outpatient care will be provided at Tallaght and Blanchardstown hospitals.

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- Therefore all tertiary, day case and inpatient activity and ED presentations will be provided at the James's Campus.
 - The applicant will assert that parents and children should and will attend the local satellite centre for minor injuries and illnesses, this in effect is asking parents to triage their own injured and sick children.
 - However, when faced with a sick child, parents will travel to the 'main' hospital and will bypass the satellite centres.
 - The Dolphin Report stated that the optimal expansion capacity should be in excess of 20%, international best practice states that expansion capacity should be in excess of 25%.
 - Neither is achievable at the James's campus.
 - It must also be noted that James's is a tertiary centre for many adult specialities, adult hospital capacity will need expansion capacity also.
 - The proposed maternity hospital planning application has not been included here.
 - There is not available space at this campus to future proof for even the children's hospital.
 - Car parking for the entire campus:
 - It is disingenuous of the applicant to suggest that parents will avail of public transport to access the new hospital.
 - All reports from the existing children's hospitals and indeed internationally show that the majority will travel by car.
 - There is little choice for parents of very sick children.
 - St. James's is the tertiary hospital for many adult specialities including care of the elderly, a variety of cancers etc., while discussing car parking it is vital to look at car parking for the campus in its totality.
 - The extent of car parking that is proposed with the new hospital is inadequate and the overall number of car parking spaces which is intended to be provided for the site to cater for the demands of the existing hospital, proposed children's hospital and future maternity hospital falls well short of requirements and would result in insufficient car parking for patients and extremely limited car parking for staff of both the existing and new hospitals.
 - Aspects of the Chapter 6 of the applicant's EIS are based on supposition and not fact.
 - The additional traffic volumes at this location will further increase traffic congestion on the immediate roads adjacent to the hospital, in particular at the Rialto Gate.
 - Lacking of designated funding for parent accommodation:
 - The proposed parent accommodation will continue to be run by a charity and its ongoing funding needs will come from the fundraising endeavours.
 - The applicant will have no part or parcel in the running of this accommodation and as such the planning application should by rights be made by the charity.

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- Consultations:
 - The observer highlights its dissatisfaction with the consultations that have taken place.
 - It is disingenuous for the applicant to say that it has consulted widely.

1.7.56 Dr. Pamela O'Connor, Consultant Neonatologist, Our Lady's Children's Hospital Crumlin and The Coombe Women and Infants University Hospital.

The observer submission from the above can be summarised as follows:

- The observer wishes to highlight the need for critical colocation adjacency of the proposed NCH with the proposed Coombe Maternity Hospital redevelopment on the St. James's site.
- Specifically, there must be enough capacity to accommodate immediate co-adjacency with an integrated building design combining the paediatric and maternity hospitals.
- Infants cannot cope with long corridor/tunnel distance connections.
- Complications occur during these transfers and the little patients can suffer morbidity and mortality.
- The observer requests the Board fully interrogate the limits/facility of site accommodation and deliverability of what is required to provide this critical colocation model, and to do so in the context of all other proposed developments/plans for new and redevelopments on the St. James's site.
- The 1.1 million newborn infants and children of Ireland now and of the future rely on the Board's expertise to make the correct decision.

1.7.57 Mummupages.ie, Beacon South Quarter, Sandyford, D. 18.

The observer submission from the above can be summarised as follows:

- Mummypages is a 675,000 strong community of mums who oppose the St. James's site.
- They have joined forces with 'The Extra Special Kids Group of Ireland', 'The Jack and Jill Foundation' and 'The New Children's Hospital Alliance' to say 'no' to the site at St. James's.
- Mummypages.ie surveyed 1,1123 members of its mum community.
- 92% of them are opposed to the development at St. James's.
- Important factors are: accessibility for parents across Ireland; accessibility by both road and air; potential for parents' accommodation; greenfield site needed for ongoing development and expansion; quick construction; parking facilities; traffic flow, and safe and secure night-time environment.
- Opposed to the site for the NCH at St. James's for the following reasons: inaccessibility; limited parking; security; lack of space, and waste of taxpayers' money.
- The greenfield site at Blanchardstown will be cheaper and quicker to construct.

1.7.58 The Extra Special Kids' Group of Ireland

The observer submission from the above can be summarised as follows:

- The observers are a Facebook group of parents that represent 150 Irish children.
- The children are very sick, they have rare and complex needs and require 24 hour care.
- They have what medics call 'life limiting' or 'life threatening' conditions.
- On their children's behalf the observers say 'no' to the construction of the NCH at St. James's.
- It is the wrong location, 75% of children live outside the M50.
- Access is a nightmare.
- Even now it can take 45 minutes to exit St. James's in rush hour.
- The approach roads are single lane and congested.
- The observers query what are they to do if one of their children has a seizure or requires suctioning or oxygen and they are stuck in gridlock traffic.
- Concerned about ambulances trying to access the hospital in gridlock traffic conditions.
- Proposed parking is not sufficient.
- The political concept that parents with sick children, some with equipment and/or wheelchair users, can travel to and from St. James's via public transport is a fantasy.
- Safety and security issues of an inner city centre site are of great concern to the observers.
- Every mother in the group has said that they will not feel safe at St. James's.
- Concerns raised about the space available and expansion requirements.
- The hospital has been shoehorned into a restricted site with no room for expansion.
- It has been proven from existing hospitals all over the world that they double in size every 10-20 years.
- You don't have to be an architect walking around the St. James's site to know that the NCH, along with the adult hospital and the maternity hospital, just won't fit in there.
- It is difficult to see how all three hospitals will be squeezed into the remaining space and leave room for expansion which all these hospitals will inevitably need.
- The lack of spatial opportunity that this site presents is not acceptable.
- The previous site at the Mater was originally deemed to be the most appropriate site, it was refused permission.
- The observers support the Jack & Jill Foundation and many others opposed to the St. James's campus, with the option of moving the hospital location to a greenfield site at Connolly Hospital.

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- They support the Connolly site with reference to: accessibility for the entire country; lives will be saved; unlimited parking; minimal security and safety issues; sufficient space for future expansion, and cost implications.
 - Their Facebook campaign has reached almost 600,000 people.

1.7.59 The New Children's Hospital Alliance

The observer submission from the above can be summarised as follows:

- Originating as a group of doctors working across the three Dublin children's hospitals in 2008, the observers now embrace health professionals, parents, grandparents, ex-patients and other interested persons from all over Ireland who wish to ensure the correct decisions are taken regarding the development of the NCH.
- It is submitted that the provision of health care for this particular category of human beings must rank at the highest level in terms of the facilities to be provided.
- That alone must be a very weighty consideration in the context of the proper planning of the areas involved.
- To further guarantee improved clinical outcomes for children, it is essential that this new tertiary children's hospital is co-located with a full maternity hospital.
- Critical maternity hospital co-location will not prove feasible due to the constrained nature of the site.
- The published scientific data highlights the dangers of ambulance transfer of seriously ill neonates from the maternity hospital to the NCH.
- There are a number of risks posed from a lack of physical co-location between a tertiary children's hospital and a tertiary maternity hospital.
- Preventable deaths will occur if a maternity hospital is not provided, physically attached to the NCH on the St. James's site, such co-location is critically important.
- Reading the documentation accompanying the application adds to the observers' concerns as it would appear that maternity co-location has now become optional.
- This co-location (maternity hospital and NCH), which will result in lives being saved, is being jeopardised by the blind perseverance with this deeply flawed site.
- The observers believe that the likelihood of a maternity hospital ever being built on this constricted site is remote.
- No written documentation has been produced outlining the case for co-locating the NCH with an adult hospital.
- Paediatricians care for children, adult physicians and surgeons have neither the experience nor training to do so.
- The observers are in favour of the tri-location of an adult, maternity and children's hospital, the most needy of all is the maternity hospital.

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- As the Model of Care is the foundation for the integrated nature of the project, should the Model of Care be absent, the analysis of the alternative sites could not proceed.
 - The new national paediatric Model of Care has not yet been published.
 - A document has been produced, dated March 2015, purporting to be a Model of Care, for the NCH and its satellites, unfortunately, the index appears totally unrelated to the content that follows it, the content is not a Model of Care as defined.
 - The Model of Care cut-off age for admission to the NCH does not conform to the UN Charter of Children's Rights.
 - The Dolphin Report concerns regarding Connolly related almost exclusively to the need for clinical and academic upgrading at the adult hospital.
 - The observers believe that planning and environmental issues (relating to the Connolly site) such as public transport can be addressed by increasing bus services.
 - The observers refer to emails concerning the Independent Review 2011 in relation to St. James's.
 - Accessibility of the chosen site and adequate parking, from a national perspective, are absolutely essential.
 - Inadequate parking on site will have an inordinately negative impact on the most vulnerable tertiary patients.
 - The NCH should be on the Connolly site with the satellite unit in the inner city.
 - This would respect both the DCC Development Plan which aims to discourage vehicular traffic in the inner city and also the needs of human beings, the children of the nation and their childhood.
 - The receiving environment includes the children as human beings, such sicker, tertiary care children and their families would benefit from a parkland setting.
 - Master plans for the St. James's campus and the satellite units were advised by the ABP Inspector in the pre-application consultation, none are provided, only draft site capacity studies.
 - A 36 ha site on the lands of Sports Campus Ireland, adjacent to Connolly Hospital and the M50, was proposed to be made available to facilitate the NCH.

1.7.60 Prof Mark Redmond and others, Department of Paediatric Intensive Care, Our Lady's Children's Hospital, Crumlin, D. 12.

The observer submission from the above can be summarised as follows:

- The signatories who care 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, acknowledge that no site is ideal.
- Co-location with a physically linked maternity hospital is, in their expert opinion, non-negotiable.

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- They are unwilling to endorse a national children's hospital on a site that cannot accommodate this truly critical adjacency.
 - 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 their earnest wish that the proposal for the St. James's site can deliver such a co-location, if however, this is not the case, they urge the Board to have the courage and integrity to act accordingly.
 - There are 15 signatories to the observer submission: 3 from the Department of Cardiothoracic Surgery; 6 from the Department of Cardiology, and 6 from the Joint Department of Paediatric Intensive Care Medicine at the Crumlin hospital.

1.7.61 Jack & Jill Foundation c/o Cunnane Stratton Reynolds

The observer submission from the above can be summarised as follows:

- The observer firmly believes that the site is fundamentally the wrong location.
- There are significant and irredeemable flaws within the process followed by the applicant which have resulted in an underestimation of the potential impacts of the proposed development.
- The statutory notice is inaccurate relating to height, the application should be invalidated.
- The consideration of alternatives failed to give proper consideration to the planning and environmental impacts of the alternative sites.
- The process lacks the transparency and clear rationale one expects in the consideration of alternatives within the EIA process.
- The proposal is contrary to the CDP in relation to height, plot ratio, site coverage, the removal of traffic from the city centre and the provision of adequate parking.
- The assessment of a number of the environmental impacts within the EIA use inappropriate methodologies which are not in accordance with best practice, resulting in an underestimation of the potential impacts of the proposed development.
- Significant concerns relating to traffic, access and transport matters:
 - The user needs in relation to car parking.
 - Additional travel needs of staff will not be met by mobility management proposed.
 - The proposed scheme has an excessive dependency on future delivery of uncommitted public transport schemes such as the DART Underground and Lucan Luas line to accommodate staff travel.
 - Public transport is not a viable alternative for the various user groups.
 - The applicant has not demonstrated there is sufficient reserve capacity on the public transport network to cater for additional passengers.
 - The proposal is highly car dependent.
 - Car parking demand is significantly underestimated.

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- Patient/visitor car parking demand to exceed capacity for potentially up to 10 hours per day.
 - Elevated parking charges of up to €5.10 per hour are anticipated.
 - Significant overspill parking is envisaged.
 - Parking control measures will have limited effectiveness in managing overspill.
 - Reduced user satisfaction levels for patients and visitors will result.
 - Car parking proposals do not comply with the CDP.
 - The feasibility of staff transfer has not been demonstrated.
 - The transport assessment undertaken does not accord with best practice (the NRA's Traffic and Transport Assessment Guidelines May 2014).
 - Key stages in the transport assessment lack the required level of robustness.
 - Impaired accessibility by car, bus and emergency service vehicles is anticipated.
 - The suitability of Mount Brown as a major access route has not been demonstrated.
 - The Road Safety Audit considers only the site interface with the surrounding road network and not internal operations.
 - The observers main concerns in relation to water, wastewater and drainage are:
 - Insufficient drainage capacity in the realigned Drimnagh Sewer.
 - Scouring of the Drimnagh Sewer.
 - No attenuation volume calculations included with this application.
 - Proposed surface water run-off rate used.
 - No allowance for future expansion in the surface water system design.
 - Insufficient detail on water supply.
 - Development Impact Assessment is contradictory.
 - Increased foul drainage load on the system has not been assessed.
 - The Outline Construction Management Plan is lacking in detail in a number of important aspects.
 - Flood risk concerns relating to:
 - The Mount Brown entrance will flood on a regular occurrence.
 - The assessment has failed to take account of the increased flood risk to the surrounding area if the development proceeds.
 - Main concerns in relation to the landscape and visual impact are:
 - Inaccurate descriptions of the proposed height.
 - Height contravenes CDP policy.
 - Substantial massing and volume, as indicated by the plot ratio and site coverage results in a visually intrusive development.

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- The plot ratio and site coverage have been artificially reduced, the Luas line linear park and parts of the SCR should not have been included.
 - Abrupt and pronounced transition in building scale and design.
 - Negative visual impact on the surrounding area.
 - Incorporation of the private hospital in the photomontages represents a wholly invalid alternative baseline to the existing environment and an irrelevant future scenario to the proposed NCH.
 - Main concerns in relation to noise and vibration are:
 - Inappropriate methodology for construction noise impacts for a long term construction project.
 - Selective adherence to BS5228.
 - Inadequate assessment of vibrations with no examples of calculated vibration provided.
 - A more robust prediction method and a vibration risk assessment should have been provided.
 - Inadequate assessment of the impact of noise intrusion from external sources on the naturally ventilated hospital rooms, which are inherently acoustically weak.
 - Impact of noise arising from the proposed helipad on both patients and local residents has been grossly underestimated and the applicant has only assessed one type of aircraft rather than a larger/louder Sikorsky S92.
 - There is a gross underestimation of the duration of an actual Medevac event.
 - Any use of the helipad will most likely give rise to sleep disturbance at night.
 - No attempt to establish if vibration thresholds can be met at vibration sensitive locations (such as operating theatres or imaging locations).
 - The number of helicopter take offs and landings is underestimated for a national hospital given known movements in UCHG in Galway.
 - Main concerns in relation to air quality are:
 - The assessment fails to comply with best practice through the use of out-of-date or inappropriate baseline and metrological data.
 - Failure to consider the impact of traffic on the air quality of the area.
 - A simple set of baseline air quality data rather than the specific location where the development is proposed has been used.
 - There is limited assimilative capacity available in the receiving environment to accommodate any significant developments.
 - Failure to consider the construction impacts on the nearby residential properties and more importantly on the existing adult hospital.

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- There are significant risks associated with the emission of hazardous substances during construction that are not recognised.
 - Inadequate management plan for controlling the spread of Aspergillosis.
 - Incomplete on-site investigations which have prevented the preparation of complete management plans for the construction stage.
 - The impact on air quality during construction from HGVs and LGVs has not been considered.
 - Inappropriate use of the NRA 'Guidelines for the Treatment of Air Quality During the Planning and Construction of Major Road Schemes'.
 - Dramatic increase in emissions from the energy centre.
 - WHO Guidelines have not been formally considered in the EIS.
 - Major concerns about the ability of the site to accommodate future expansion including the maternity hospital, without future damage to the environment and assessments to the area.
 - Submission includes five appendices:
 - 'Proposed NCH – Transport Submission' by Transport Insights, dated October 2015.
 - 'Observations on Drainage, water Supply, Flood Risk Proposals & Outline Construction Management Plan' by Merit Consulting Engineers & Project Managers, dated 01 October 2015.
 - 'Comment on the Landscape and Visual Impact Assessment and Related Aspects of the Planning Application for the Proposed National Paediatric Hospital Project, St. James's Hospital, Dublin 8' by Cunnane Stratton Reynolds, dated September 2015.
 - 'A review of the assessment of Noise and Vibration relating to the proposed National Children's Hospital on a campus shared with St. James's Hospital, James's Street, Dublin 8' by ICAN Acoustics, Noise and Vibration Consultants, dated 01 October 2015.
 - 'Air Quality Assessment of Proposed National Children's Hospital at St. James's Hospital Campus, James's Street, Dublin 8' by TMS Environmental Ltd.

1.7.62 National Conservation & Heritage Group, c/o Sandymount Road, D. 4.

The observer submission from the above can be summarised as follows:

- The observer objects to the building of the NCH in the grounds of St. James's.
- There is no spare building space on the site.
- It is not good value for taxpayer's money to demolish existing buildings to make space for a new facility.
- Existing car parking arrangements on the site are inadequate.
- There is a protected structure in the grounds of the hospital.

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- The planners have ignored the fact that the new hospital could have been built on open sites within a short distance of St. James's and are trying to cram a hospital into a site which is already overdeveloped.
 - The proposal should be abandoned and the owners should acquire one of the sites within striking distance of the hospital.

1.7.63 Christine Priestly, Kerdiff Avenue, Naas, Co. Kildare.

The observer submission from the above can be summarised as follows:

- The Minister for Health stated that this hospital is intended to last for the next 100 years, however, given the restrictions of the St. James's site the applicant has not adequately demonstrated in the application its expansion and extension capabilities.
- The existing access routes to the hospital currently experience congestion and delays as they are mostly single lane roads.
- With the NCH congestion will increase further.
- The applicant has not demonstrated a feasible traffic solution to enable swift vehicular access from the M50 (7 km away) used by most of the patients and service users attending the hospital campus.
- The proposed 1,000 car parking spaces fall below the international ratio for a 474 bed hospital (2.1 spaces per bed versus 3 to 6).
- The applicant does not demonstrate in the application the ability of the site to provide for any emergency on-site overflow facilities.
- Nor does the site provide any capacity to provide the required additional car parking for the projected 27.5% increase in patient numbers.

1.7.64 Peter Sweetman & Associates, Lower Rathmines Road, D. 6.

The observer submission from the above can be summarised as follows:

- The EIS totally fails to assess the alternatives 'taking into account the effects on the environment' as required under part 1(d) of Schedule 6 of the Planning & Development Regulations, 2001 (as amended).
- It is the wrong site for a NCH.

1.7.65 Alan & Cathy McGrath, Kilmurry, Gorey, Co. Wexford.

The observer submission from the above can be summarised as follows:

- The observers are parents of a chronically ill child, they make numerous trips during the year to Our Lady's in Crumlin.
- Public transport is out of the question for the family given, *inter alia*, the need to travel with medical equipment.
- The proposed St. James's site poses huge problems in two main areas: parking and accessibility.
- The NCH is being sited further into the city centre, further into an already existing traffic bottleneck.

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- The Board is asked to consider the families and children in their deliberations.
 - It is totally unacceptable that 1000 car park spaces is seen to be adequate for 473 beds in a NCH.
 - The proposed site for the NCH is disastrous.

1.7.66 Caitlin Woods, Cois Abhainn, Kiltimagh, Co. Mayo.

The observer submission from the above can be summarised as follows:

- The observer is a parent of a child that spent months in Crumlin Children's Hospital, she is also very familiar with St. James's Hospital and its environs.
- She objects to the St. James's site.
- The site is too small and there is insufficient room for expansion.
- There is no room for a collocated maternity hospital.
- Babies die in transit between maternity hospitals and children's hospital, time is of the essence.
- Parking provision at St. James's is totally insufficient.
- Traffic around the area is too busy with narrow streets and poor access.
- Sick children will not be travelling by Luas from around the country.
- Children need green spaces, fresh air and room to play outside, these are not possible at St. James's.
- The social problems and crime rate around St. James's makes it not a very nice place to go, especially at night and especially for children.
- Permission should be refused.
- The NCH should be built somewhere with easy access from the M50, ideally collocated with the new Rotunda in Blanchardstown with lots of green space, play areas for children and room to expand.

1.7.67 Keith Kissane, Freeport, Barna, Co. Galway

The observer submission from the above can be summarised as follows:

- The observer objects to the proposal at the St. James site.
- A smooth, predictable journey is vital for families travelling with a child with special needs, for children with special needs routine is essential.
- The design of the building itself is mostly acceptable.
- The location at no level is going to help those who will be using the hospital as patients, which is the main reason for building the facility to begin with.
- It will make their lives even more difficult than they already are due to the inevitable traffic issues that will be faced as a result.
- Additional stress of the inevitable traffic chaos at this site will make life only worse.
- The construction phase itself will send the area into an even bigger mess that it is already in.

- Being in a city centre location means that families will have the added worry of being subjected to the high level of street crime and drug use that Dublin city centre is currently overrun with.
- The location of the proposed helicopter pad is beyond ludicrous.
- The helicopter will be trying to land on the edge of a building filled with sick children, great medical minds and surrounded by hard working residents of the area.
- In Galway this is currently an issue with damage to roofs of the surrounding houses at UCHG being caused by the down forces from the helicopter landing.
- The amount of existing services that will need to be interrupted is enormous.
- The true requirements for expansion have not been addressed for the future generations.
- The building is being squeezed on to this site.
- It is completely the wrong location and would be a nightmare to build.
- The location of this project fails on so many levels.

1.7.68 Fintan & Barbara Coughlan, Castletown, Athboy, Co. Meath

The observer submission from the above can be summarised as follows:

- Car parking at St. James is a matter of major concern for parents.
- It will involve a car being parked for 24 hours a day as any child will want mum or dad to stay and reassure them.
- The observers outline the difficulties they experienced in relation to parking when attending the hospital with a very ill elderly relative.
- Public transport from Athboy was not an option.
- The cost of parking became a drain on the observers and a major worry.
- The observers outline the difficulties they experienced in relation to parking when bringing their very ill son to St. James for tests and consultations.
- A search for a vacant car parking space could take $\frac{3}{4}$ of an hour.
- They attended St. Vincent's too with their ill son where a reduced rate was available to them, St. James had no allowance.
- The stress and strain on their son and on them was not helped by the car parking issues.
- Public transport was not an option.
- Staff had their own car parking problems.
- The observers refer to the potential nightmare situation during the construction period with hundreds of workers' vans, cars and trucks.
- Observers didn't feel their car was safe at St. James.
- The consultants on the project recently completed a children's hospital project at Alder Hey in the UK where an allowance of 4.6 spaces per bedspace was provided, the same consultants only allow 1.6 spaces at St. James.
- The observers had to park elsewhere and get taxis to St. James.

1.7.69 Dunboyne Mums, c/o Elton Court, Millfarm, Dunboyne, Co. Meath.

The observer submission from the above can be summarised as follows:

- The observer is a group of mothers from Dunboyne in Co. Meath.
- They have a number of concerns relating to the proposal.
- A National Hospital:
 - This hospital will be the only hospital serving the seriously ill children from all over Ireland, 75% of whom live outside the M50.
 - It will also serve the secondary care needs of children in the GDA, of whom more than half live outside the M50.
- Access:
 - Almost all children (90%) are brought to hospital by car.
 - The site at Connolly Hospital in Blanchardstown offers better access for children travelling by car.
 - Lying just off the M50/N3 exit it is not in a traffic-clogged metropolis.
 - It can take 45 mins to exit St. James's site at rush hour.
 - The approach roads are single lane and congested.
 - If a parent is attempting to access the hospital with a child with life-threatening symptoms then a delay of even 10 mins can put the child's life at risk.
- Parking:
 - In July 2015 a national newspaper carried an article urging staff to use public transport to get to work at St. James's.
 - It is the policy of DCC to discourage cars in the city and that no extra parking will be provided on the St. James's campus over the coming years.
 - Don't force families with sick children to have to come into the city by having the hospital there.
- Helicopter Access;
 - As recommended by an expert group, all future hospital developments must include provision for a ground helipad.
 - The helipad in the proposal is on the roof of the 4th floor and can't accommodate a coastguard helicopter.
 - No space for helicopter access at ground level will result in the hospital failing in its duty of care to seriously ill children.
- Space:
 - St. James's Campus is a long narrow campus of 49 acres, 10 of which are owned on a leasehold by Trinity College.
 - It is difficult to see how a large adult hospital, a large children's hospital and a full maternity hospital can be squeezed into the remaining space and leave room for the future expansion which all these hospitals inevitably will need.
 - It seems crazy that this can be considered the best site for a new-build C21st children's hospital.
- Maternity:

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- The children's doctors keep telling us that it is much more important for a children's hospital to be co-located with a maternity hospital than with an adult hospital.
 - There is no obvious space on the St. James's site for a maternity hospital and planning permission for a maternity hospital has not been sought.
 - ABP should not give planning permission for a children's hospital ahead of permission being granted for a maternity hospital.
 - To do so will compromise the care of Ireland's newborn babies.
 - Environment:
 - Nature is required for healing.
 - It seems very short-sighted that a site with no ground level green space is being promoted as the best available site.
 - Connolly site:
 - Good access.
 - Unlimited parking.
 - Ground helipad.
 - Significant expansion space (145 acres).
 - Rotunda hospital to be relocated there.
 - Superb parkland environment.
 - Low planning risk.
 - Better, cheaper and quicker to build at Connolly.
 - The observer submission has 161 signatories.

1.7.70 Fionnbar Walsh, Blennerville, Tralee, Co. Kerry

The observer submission from the above can be summarised as follows:

- A National Hospital:
 - The observer is the parent of the late Donal Walsh who was a patient at Our Lady's Hospital in Crumlin for a period of 4 years until his death at 16 years of age of bone cancer.
 - The observer has a number of concerns about the proposal.
 - This is no longer the NCH but is fast becoming the island of Ireland Children's Hospital (i.e. serving both the Republic and Northern Ireland) and should be easily accessible for all the families on the island of Ireland.
 - Therefore 79.7% need access to the facility from outside Dublin.
- Access:
 - Current traffic from Newlands Cross to city centre can take anywhere between 20 minutes and an hour.
 - Seriously ill children will invariably be transported by their parents to the hospital and not be subjected to public transportation.
 - Any oncological patient under treatment will not be able to utilise public transport as their immune systems will not be resistant to infection from such a means of transport and contact with the general public.

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- Parking:
 - The site has inadequate parking for current users of the existing hospital.
 - The site does not have space to provide for the hospital, support buildings and a car park to cater for 1,000 vehicles.
 - Helicopter Access:
 - Landing of helicopters in the current children's hospital requires the deployment of two units of the Dublin Fire brigade in the interests of safety.
 - The helipad in the proposed NCH is located on the roof of the 4th floor and can't accommodate a coast guard helicopter.
 - No space for helicopter access at ground level will result in the hospital failing in its duty of care to seriously ill children.
 - Space:
 - The report on the co-location of the children's hospital with a University Hospital has long been proven as an untrue requirement.
 - This requirement should be reviewed urgently with examples such as Guys Hospital or other stand-alone children's facilities used as examples.
 - The requirement of having the facility co-located with a maternity hospital is laudable but given the current confined location of the three maternity facilities in Dublin it would be better to build in an open area where planning for development of this facility in the future could exist.
 - Environment:
 - This site has no green areas included which are a requirement for entertainment, quicker and more proper recuperation of seriously ill children.
 - Suggested sites available include:
 - Cappagh Hospital adjacent the M50.
 - Newlands Cross site.
 - Beaumont Hospital.
 - James Connolly Memorial Hospital.
 - Abbotstown site.
 - St. Vincent's Hospital buildings.
 - It was the wish of the observer's son to be home as soon as possible after each treatment, the observer requests that the children involved be listened to now.

1.7.71 Christine & David Harmes, Luttrellstown Walk, Castleknock, D. 15.

The observer submission from the above can be summarised as follows:

- The observers are parents of a child with a life limiting illness and as such would be using the proposed facility.
- They have a number of concerns in relation to the proposal at the St. James's Campus.
- A National Hospital:

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- This hospital will be the only hospital serving the seriously ill children from all over Ireland, 75% of whom live outside the M50.
 - It will also serve the secondary care needs of children in the GDA, of whom more than half live outside the M50.
 - Access:
 - Almost all children are brought to hospital by car.
 - The site at Connolly Hospital in Blanchardstown offers better access for children travelling by car than St. James's.
 - Lying just off the M50/N3 exit it is not in a traffic-clogged metropolis.
 - It can take 45 mins to exit St. James's site at rush hour.
 - The approach roads are single lane and congested.
 - If a parent is attempting to access the hospital with a child with life-threatening symptoms then a delay of even 10 mins can put the child's life at risk.
 - Parking:
 - In July 2015 a national newspaper carried an article urging staff to use public transport to get to work at St. James's.
 - It is the policy of DCC to discourage cars in the city and that no extra parking will be provided on the St. James's campus over the coming years.
 - Don't force families with sick children to have to come into the city by having the hospital there.
 - Helicopter Access;
 - As recommended by an expert group, all future hospital developments must include provision for a ground helipad.
 - The helipad in the proposal is on the roof of the 4th floor and can't accommodate a coastguard helicopter.
 - No space for helicopter access at ground level will result in the hospital failing in its duty of care to seriously ill children.
 - Space:
 - St. James's Campus is a long narrow campus of 49 acres, 10 of which are owned on a leasehold by Trinity College.
 - It is difficult to see how a large adult hospital, a large children's hospital and a full maternity hospital can be squeezed into the remaining space and leave room for the future expansion which all these hospitals inevitably will need.
 - It seems crazy that this can be considered the best site for a new-build C21st children's hospital.
 - Maternity:
 - The children's doctors keep telling us that it is much more important for a children's hospital to be co-located with a maternity hospital than with an adult hospital.
 - There is no obvious space on the St. James's site for a maternity hospital and planning permission for a maternity hospital has not been sought.

- ABP should not give planning permission for a children's hospital ahead of permission being granted for a maternity hospital.
- To do so will compromise the care of Ireland's newborn babies.
- Environment:
 - Nature is required for healing.
 - It seems very short-sighted that a site with no ground level green space is being promoted as the best available site.
- Connolly site:
 - Good access.
 - Unlimited parking.
 - Ground helipad.
 - Significant expansion space (145 acres).
 - Rotunda hospital to be relocated there.
 - Superb parkland environment.
 - Low planning risk.
 - Better, cheaper and quicker to build at Connolly.

1.7.72 St. Martin's Residents' Association, St. Martin's Drive, Kimmage, D. 6W.

The observer submission from the above can be summarised as follows:

- Object to the proposed plans as the St. James's site has many limitations.
- Limited space makes it impossible for the NCH to meet projected needs.
- Potential for expansion does not exist at the St. James's site.
- 75% of children attending come from outside the M50.
- This built-up city location alone impedes access.
- Consideration should be given to the impracticalities of travelling by public transport with a sick child.
- The already congested roads in the area will become even more so.
- Major reservations about the helipad being in such a built up area and overlooking the busy Luas line and station.
- Number of car parking spaces will fall far short of requirements.
- There is no provision for 'Hospital Hotel' facilities as recommended in the McKinsey Report.
- Currently no maternity hospital on the St. James's Campus and there is not adequate space.
- The St. James's site cannot provide a patient and family focused environment.
- The plans provide for an artificial world in a concrete jungle, the child's road to recovery needs to be facilitated with safe, natural gardens and play areas.
- The proposed development does not offer an attractive work environment as recommended in the McKinsey Report.
- The limitations and restrictions experienced by the Temple St. and Our Lady's Hospital staff will continue with these plans.

- The St. James's site has limitations and restrictions from start to finish.
- A possible alternative site is the Connolly Hospital in Blanchardstown, located on the M50, accessible to all, a large, green field, less obstacles to planning and faster construction time.
- It can be tri-located there.

1.7.73 Mark Dunne, Fawn Lodge, Castleknock, D. 15.

The observer submission from the above can be summarised as follows:

- The observer has a number of concerns about the proposed development at the St. James's campus.
- A National Hospital:
 - This hospital will be the only hospital serving the seriously ill children from all over Ireland, 75% of whom live outside the M50.
 - It will also serve the secondary care needs of children in the GDA, of whom more than half live outside the M50.
- Access:
 - Almost all children (90%) are brought to hospital by car.
 - The site at Connolly Hospital in Blanchardstown offers better access for children travelling by car.
 - Lying just off the M50/N3 exit it is not in a traffic-clogged metropolis.
 - It can take 45 mins to exit St. James's site at rush hour.
 - The approach roads are single lane and congested.
 - If a parent is attempting to access the hospital with a child with life-threatening symptoms then a delay of even 10 mins can put the child's life at risk.
- Parking:
 - In July 2015 a national newspaper carried an article urging staff to use public transport to get to work at St. James's.
 - It is the policy of DCC to discourage cars in the city and that no extra parking will be provided on the St. James's campus over the coming years.
 - Don't force families with sick children to have to come into the city by having the hospital there.
- Helicopter Access;
 - As recommended by an expert group, all future hospital developments must include provision for a ground helipad.
 - The helipad in the proposal is on the roof of the 4th floor and can't accommodate a coastguard helicopter.
 - No space for helicopter access at ground level will result in the hospital failing in its duty of care to seriously ill children.
- Space:
 - St. James's Campus is a long narrow campus of 49 acres, 10 of which are owned on a leasehold by Trinity College.
 - It is difficult to see how a large adult hospital, a large children's hospital and a full maternity hospital can be squeezed into the remaining space and leave room for the

future expansion which all these hospitals inevitably will need.

- It seems crazy that this can be considered the best site for a new-build C21st children's hospital.
- Maternity:
 - The children's doctors keep telling us that it is much more important for a children's hospital to be co-located with a maternity hospital than with an adult hospital.
 - There is no obvious space on the St. James's site for a maternity hospital and planning permission for a maternity hospital has not been sought.
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- Environment:
 - Nature is required for healing.
 - It seems very short-sighted that a site with no ground level green space is being promoted as the best available site.
- Connolly site:
 - Good access.
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 - Ground helipad.
 - Significant expansion space (145 acres).
 - Rotunda hospital to be relocated there.
 - Superb parkland environment.
 - Low planning risk.
 - Better, cheaper and quicker to build at Connolly.

1.7.74 Desmond J. Riordan, Parkview, Castleknock, D. 15.

The observer submission from the above can be summarised as follows:

- The observer has a number of concerns about the proposed development at the St. James's campus.
- A National Hospital:
 - This hospital will be the only hospital serving the seriously ill children from all over Ireland, 75% of whom live outside the M50.
 - It will also serve the secondary care needs of children in the GDA, of whom more than half live outside the M50.
- Access:
 - Almost all children (90%) are brought to hospital by car.
 - The site at Connolly Hospital in Blanchardstown offers better access for children travelling by car.
 - Lying just off the M50/N3 exit it is not in a traffic-clogged metropolis.
 - It can take 45 mins to exit St. James's site at rush hour.
 - The approach roads are single lane and congested.

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- If a parent is attempting to access the hospital with a child with life-threatening symptoms then a delay of even 10 mins can put the child's life at risk.
 - Parking:
 - In July 2015 a national newspaper carried an article urging staff to use public transport to get to work at St. James's.
 - It is the policy of DCC to discourage cars in the city and that no extra parking will be provided on the St. James's campus over the coming years.
 - Don't force families with sick children to have to come into the city by having the hospital there.
 - Helicopter Access;
 - As recommended by an expert group, all future hospital developments must include provision for a ground helipad.
 - The helipad in the proposal is on the roof of the 4th floor and can't accommodate a coastguard helicopter.
 - No space for helicopter access at ground level will result in the hospital failing in its duty of care to seriously ill children.
 - Space:
 - St. James's Campus is a long narrow campus of 49 acres, 10 of which are owned on a leasehold by Trinity College.
 - It is difficult to see how a large adult hospital, a large children's hospital and a full maternity hospital can be squeezed into the remaining space and leave room for the future expansion which all these hospitals inevitably will need.
 - It seems crazy that this can be considered the best site for a new-build C21st children's hospital.
 - Maternity:
 - The children's doctors keep telling us that it is much more important for a children's hospital to be co-located with a maternity hospital than with an adult hospital.
 - There is no obvious space on the St. James's site for a maternity hospital and planning permission for a maternity hospital has not been sought.
 - ABP should not give planning permission for a children's hospital ahead of permission being granted for a maternity hospital.
 - To do so will compromise the care of Ireland's newborn babies.
 - Environment:
 - Nature is required for healing.
 - It seems very short-sighted that a site with no ground level green space is being promoted as the best available site.
 - Connolly site:
 - Good access.
 - Unlimited parking.
 - Ground helipad.
 - Significant expansion space (145 acres).
 - Rotunda hospital to be relocated there.

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- Superb parkland environment.
 - Low planning risk.
 - Better, cheaper and quicker to build at Connolly.

1.7.75 Gloria Rooney, Killakee Drive, Walkinstown, D. 12.

The observer submission from the above can be summarised as follows:

- Strongly opposes the decision to build the NCH on the St. James's campus.
- Many reasons are the same as those relating to the previous refusal at the Mater Hospital campus.
- St. James's campus is already a sprawling complex with very little space to extend.
- Parking is a nightmare and traffic congestion is appalling at peak hours.
- It makes more sense to build the hospital beside Tallaght hospital or Connolly hospital in Blanchardstown.
- The observer works in St. James's hospital as a Social Worker.
- Very few people she has spoken to feel it is a good idea.
- The NCH is to be built on what is now a staff car park.
- If the NCH is built at St. James's there will be more staff, patients and visitors which will increase the need for parking.
- Those involved with the plans for the NCH are choosing to ignore the issue of parking for staff, patients and visitors.
- It is simplistic to think that walking, cycling and public transport is an option for everyone.
- At peak hours it could take thirty minutes for the bus to exit St. James's hospital and turn right onto the SCR.
- The policy of hospital management to decrease staff parking has forced staff to park elsewhere, this is already causing problems for residents in the area.
- Many staff in St. James's are commuting outside of Dublin and there is no alternative to driving.
- There is no room for expansion.
- There are no green spaces left on the campus.
- Having cancer and undergoing treatment is stressful enough without having to deal with other stresses such as the cost of parking, the hustle and bustle of a busy hospital and the lack of open spaces.
- A therapeutic environment is even more important for children.
- The observer wonders how much use the proposed roof top garden, on top of a high storey building, would get.
- The catchment area of St. James's has an aging population rather than a young one.
- Permission should not be granted for the development at St. James's.
- It will have disastrous consequences for staff and patients of St. James's hospital, sick children and residents living near St. James's.

1.7.76 Sean Mallon & others, Kinnegad, Co. Westmeath.

The observer submission from the above can be summarised as follows:

- The observers say no to the NCH being built at St. James's.
- The location is wrong.
- Access to St. James's is very bad.
- The parking is not sufficient and there is no parking within the area.
- Observers outline the challenges that insufficient parking at St. James's possesses for parents arriving with a sick child.
- Safety and security concerns.
- There is no room for expansion at St. James's.
- The hospital needs to be built in the right location for children.
- The observers support a NCH being located at Blanchardstown for the following reasons:
 - Easily accessible to the entire country by car or ambulance.
 - 145 acre site, plenty of room.
 - Bigger site and not in the inner city.
 - Plenty of room for future expansion.
 - Construction costs far less.
 - Construction would be faster.
 - Rotunda is to relocate there.
- Submission includes a petition opposing the location at St. James's hospital and supporting the Blanchardstown location, it has 278 signatories.

1.7.77 Sean Lyons, M.Sc., M.Eng., Ph. D., Eng. D., Academic Emeritus, Coolmine Woods, Blanchardstown, D. 15.

The observer submission from the above can be summarised as follows:

- Objects to the development.
- Inadequate access.
- Difficulty finding the location.

1.7.78 Mark Hennelly, Cloister Grove, Blackrock, Co. Dublin.

The observer submission from the above can be summarised as follows:

- Extremely concerned about the location of the NCH.
- Traffic around St. James's is terrible and there are many bottlenecks.
- The suggestion that people with a sick child will avail of public transport to get to the proposed NCH is fanciful and irrational.
- The biggest concern of traffic delays is that it will put sick children's lives at risk.
- Overdevelopment of this tight site.
- Overdevelopment in a largely residential surrounding area.
- Majority of houses around the site are two-storey residential houses, the proposed hospital is 7 storeys.
- Insufficient outdoor space for children to help their recovery.

- Emissions from traffic raises health concerns.
- Congested city centre location.
- Result in serious congestion in the area.
- Concerns raised in relation to vermin.
- Inadequate car parking for patients, parents and visitors.
- No parking planned for staff.
- Impact on neighbouring residents from excavation and building works.
- No room for further development.
- No ground floor helicopter access.
- Development cost too expensive as against development on a greenfield site.
- The Board is requested to reject the proposal.

1.7.79 Michael C. Muldoon, Rhode Village, Tullamore, Co. Offaly.

The observer submission from the above can be summarised as follows:

- Opposed to the proposal.
- The site available at St. James's is insufficient for the present proposal and future intentions for the location.
- This issue of site area dominates and affects all considerations and issues relating to the project.
- This issue can not be 'engineered' to a solution.
- In relation to tri-location, the building costs would be astronomical, the disruption within the general areas would be immense.
- Many of the great children's hospitals around the world are independent and exclusively for children.
- The NCH should be with the new maternity hospital on a new, sufficiently large site.
- Hospitals need to expand.
- The proposed hospital will reach saturation in the foreseeable future.
- Dublin is not a vast megacity, we can do much better for a children's hospital.
- The car parking underground will be a very expensive undertaking, excavations and sub-structure will have to be highly engineered to provide for the large structure over ground.
- The figure of 972 car parking spaces seems inadequate.
- The parking issue can be a very stressful and expensive experience for a person on any serious mission to the city.
- The parking facilities as detailed in the NCH plan are severely constrained by the capacity of the site.
- All of the balcony and roof gardens would not be necessary if the hospital was built in a real parkland.
- The plan is inadequate and wrong for an institution as important as a NCH.
- The site is much too small.

1.7.80 Andrew Whelan, Stonepark Abbey, Rathfarnham, D. 14.

The observer submission from the above can be summarised as follows:

- Apparently the Irish Aviation Authority are unaware of the proposed helipad plans submitted.
- The lack of detailed consultation for a helipad at Level 5 has serious implications for the proper planning and sustainable development of the area and the likely effects on the environment of the proposed development.
- ABP has failed to list the IAA and the Dublin Chief Fire Officer as a prescribed body for consideration relevant to helicopter operations.
- The Board is referred to the IAA: Operations Advisory Memorandum (OAM) No. 08/00.
- The observer refers the Board to section 4.1-4.5 inclusive of the above Memorandum relating to 'Elevated Heliports'.
- The Board in its deliberations may wish to contact the IAA.
- The IAA may also advise the Board on the number of helicopters currently on the Irish civil register that conform to Performance Class 1.
- Should the prospective applicant remove the elevated helicopter pad that will serve the 'whole campus', then ABP may wish to consider the implications for this removal under 'access'.

1.7.81 Dr. Peter A. Healy, Fortfield Avenue, Terenure, D. 6W.

The observer submission from the above can be summarised as follows:

- The observer is a Consultant Anaesthetist with a long-term interest in the transport of acutely ill and trauma patients in need of emergency care by air.
- The observer makes a submission in relation to the helipad and advises that this aspect of the plan is in need of revision.
- He is a member of the Association of Aviation Medical Examiners, past member of the European Aeromedical Institute.
- Objects to the location of the rooftop helipad.
- A helipad is a critical element of a national tertiary proposal for the NCH.
- The expert group set up in 2014 recommended that all future acute hospital developments must include provision for a ground helipad.
- The helipad aspect of the NCH needs to be future-proofed.
- The only helicopters that will use the rooftop helipad as tasked by the National Ambulance Service will be the Irish Air Corps Augusta Westland – AW139, medium sized twin engine, performance class 1.
- The Irish Coast Guard Sikorsky S92A Class Helicopters, are restricted by their specifications from using a rooftop helipad.
- As the NCH is proposed to be a level 1 trauma centre, and the possibility of the St. James's Hospital site in the future being recognised as a level 1 trauma centre, the potential for having a

ground helipad for both adult and neonatal transfer by Sikorsky S92A helicopters, should be considered essential.

- Design of the rooftop helipad has not been submitted to the IAA.
- The Irish Air Corps and Dublin Airport were included as prescribed bodies by ABP for the Mater Hospital Site.
- It should be considered critical and mandatory, that the IAA is included at this stage and be sent the relevant planning documents.
- The choice of sites, configuration of the helipad, flight paths, safety aspects and environmental concerns are best left to the experts in their field, the IAA, the design team, Dublin Fire Brigade and the Irish Air Corps.
- The observer refers to a number of issue pertaining to the location of the helipad as proposed.
- It is imperative that the IAA and the Irish Air Corps as regulators/operators of the Emergency Aeromedical Service, are informed of the potential hazards of the Magnetic Resonance Imagers (MRI) machines in the NCH.
- The proposed location of the rooftop helipad is directly above the existing district regulation installation of Bord Gais for natural gas supply.
- The environmental impact of noise emission from the medium size AW139 helicopter during take-off and landing, are of concern to the local population, especially if this happens during the night-time period, and also if the number of the emergency flights increases over the years.
- The observer hopes the points raised might support a modification to the applicant's suggestion of a rooftop helipad and that the expert group recommendation for best practice where they recommend a ground helipad for all future hospital developments should be implemented.

1.7.82 Aaron Daly, Ardmore Park, Dún Laoghaire, Dublin.

The observer submission from the above can be summarised as follows:

- Objects to the NCH at St. James's.
- The observer outlines the difficulties her family have encountered in access parking when taking their child to Crumlin Hospital.
- St. James's site is wrong with reference to: access, limited parking (90% of children will access the hospital by car), limited space (the hospital will need to expand), and colocation (only 4 of 17 children's hospitals are co-located with an adult hospital, 10 out of 17 are collocated with a maternity hospital).
- Massive disruption to already congested roads on the N4 and city centre traffic during construction.
- Luas is not an option for a sick child vulnerable to infection.
- The observer started a Facebook page to gauge reaction to the St. James's site, it has over 5500 followers, the most important factors are the proposed location and parking.

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- The observer submits a printed copy of an online petition with over 2000 signatures with comments from families which outline their reasons for disagreeing with the St. James's location.
 - It is very frustrating to have their concerns and needs constantly ignored.
 - Hopefully some common sense will prevail and a new location will be chosen on a greenfield site outside the M50.

1.7.83 Seamus Healy, Carinya, Ballincar, Sligo.

The observer submission from the above can be summarised as follows:

- The travel and access arrangements should reflect and adequately take into account the particular needs of 75% who come from outside the Dublin area.
- Matters need to be revisited by the applicant and be dealt with in a revised plan.
- The car parking arrangements are not fit for purpose.
- Very few patients would be suitable for long commutes or multiple transfers by mass public transport.
- It is widely recognised that common infectious diseases spread via public conduits.
- The proposed soft summertime landscaping comes with biological hazards such as associated with rodents, cockroaches, flies, stinging insects etc.
- Advice from Public Health or equivalent experts seems appropriate on this aspect of the design as well as matters pertaining to infections arising from use of public transport.
- Car parking provision is an important criterion of quality by which hospitals are judged.
- Quality standards for underground car parking arrangements are not provided.
- It is within the capability of ABP to consider the unique nature of the users of the car park provisions and to require modifications.
- Lower Ground level is shared with 350 bicycle places which surprisingly have prime location near to the main public lifts.
- Spaces for charging electric batteries of bicycles and cars are not identified.
- No information is provided on how usage of car parks will be governed, on dimensions of aisles, on direction of flows, on one way aisles, on walkways, on angles of parking, on buffering of pillars, on flagging when car parks are full and on the norm adopted for parent and child spaces.
- The applicant's reference to the use of the structural grid and car parking space design looks at the cars and not their passengers.
- A car park width of 2.3 m per car space is less than that provided in commercial car parks.
- The layout will result in cars protruding out into the aisles.
- The car parking dimensions do not meet the needs of the child/parent user population.

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- The Lower Ground level access provided from the basement level of the FAU to the car park and through it to the main public lifts and the concourse opens directly into a line of parked cars.
 - There is no turning space provided at the car park entrances should entrance be denied.
 - The levels and slope, if any, at the control part of the car park entry lanes need clarification.
 - At several points there appears to be the potential car collision associated with circulation arrangements.
 - Consideration may wish to be given to toilet arrangements, the concourse is just too far.
 - Aspects of the car parking provision need consideration and remedial attention if safe satisfactory arrangements for car parking are to be provided.
 - Concerns raised in relation to potential air quality in the proposed car park.
 - When it comes to car parks no plans are provided for colour coding numbering and such.
 - The floor-to-floor height of 3.3 m in B1 car park is extremely low for such a car park.
 - This floor-to-floor height of B1 to well below the floor-to-floor height of other areas of the hospital was forced on the design team in order to keep down the overall height of the above ground part of the hospital.
 - A feeling of spaciousness such as achieved in the car park of the Dundrum Centre is needed.
 - The quality of car parking spaces needs to be enhanced.
 - The application made the statement that the majority of the 1000 car parking spaces will be reserved for patients, this is not specifically quantified, this hard information needs to be requested.
 - The Dunne's Stores parent and child car park model provides a total width of 3.5 m and a length of 5 m in addition to a 1 m wide walkway along the aisle.
 - Excavating deeper appears to need consideration so as to provide replacement for the 221 planned car spaces suppressed on levels LG and B1 (due to the proposed grid layout).
 - Mechanical ventilation may be needed.
 - In the plan put forward to ABP the absence of any actual clinical or substantial physical connection with the adult hospital was striking.
 - Clearly the size of the site that could be made available at the St. James's campus has emerged as a critical issue for the applicant and its Design Team.
 - While the team has come up with a magnificent and creative design, the unhappiness of the team is evident in its Design Report.
 - The later stages of the iterative process as described in the Design Report seem to have been much pressured.

1.7.84 Valerian O'Shea, Sandymount Avenue, Ballsbridge, D. 4.

The observer submission from the above can be summarised as follows:

- An Oral Hearing should be held.
- Opposed to a grant of permission for the development.
- It does not comply with the CDP.
- It does not comply with the 'Architectural Heritage Protection Guidelines'.
- The size of the site is unclear.
- Total lack of open space on the site.
- Fails to comply with s.17.2.3 of the CDP in relation to public open space provision.
- The proposed changes to the amenity of the linear park could hardly be described as an 'upgrading'.
- The intent of the zoning objective or of the SID legislation as they relate to public open space on the site or the provision of community facilities, have not been complied with.
- The CDP is clear that 28 m is the maximum low-rise height to be permitted on the site, the reference to the number of storeys states only that it must not exceed 7.
- In relation to proposed heights, the development clearly constitutes a material contravention of the CDP.
- It is a building of disproportionately large bulk and mass.
- It could not be deemed to make a positive contribution to the city skyline.
- It appears totally incongruous in its setting.
- The excessive height and bulk will negatively impact on the city views and prospects.
- It will be overbearing on the surrounding area.
- Concerns raised in relation to site coverage and plot ratio.
- Impact on surrounding residential amenities.
- Excessive scale, bulk, mass, design, materials and vivid colours will have a very dramatic impact on the residential environment of the area.
- Shadow impacts on adjacent property.
- The proposed development would be a startlingly abrupt transition in scale and use.
- Concerns raised in relation to trip generation on already congested streets.
- Concerns raised in relation to car parking proposals.
- Impact of excessive scale on Conservation Areas.
- Impact on the Royal Hospital, Kilmainham.
- The preparation of a Masterplan for the campus is of crucial significance, it would illustrate how the development of the maternity hospital is planned for the site.
- Overdevelopment of the site.
- Restricted site, lack of expansion space, inaccessible.
- Observer refers to a greenfield site at Connolly hospital.
- The wrong site has been chosen.

1.7.85 Association of Combined Residents' Association c/o Tom Newton

The observer submission from the above can be summarised as follows:

- The observer has no difficulty with the location of the New Children's Hospital.
- The observer has one major concern as do all of the Residents' Associations it represents, and that is vehicle access.
- There is no point in building a new Children's Hospital without direct vehicle access.
- This problem can be easily addressed by providing direct vehicle access from the M50 into the new hospital putting it on a par with any other location.
- This can be done by providing a hospital vehicle lane direct to the new hospital from the M50 via Palmerstown, Chapelizod By-pass, Con Colbert Road and St. John's Road.
- This lane as far as Heuston Rail Station will become a reality due to normal road improvements over the coming years and a planned reduction of cars to the city centre.
- This lane then takes a right hand turn at Heuston onto Military Road dropping under St. John's Road outbound to avoid local traffic.
- From Military Road to the hospital grounds there are two options to Cromwell's Quarters, it then drops under Mount Brown Road into the grounds of St. James's Hospital, this new section of road is one third of a mile.
- This short section of road gives direct vehicle link from the M50 free of local traffic into the new hospital making access as good as anywhere else.
- This road link does not interfere with local traffic in any way.
- Access is the biggest fear that the people of Ireland have about this new hospital location, it can now be solved.
- This hospital site has great public transport with Luas.
- Direct vehicle access free from local traffic is most important for all, especially users from the countryside.
- Getting access right will have backing of all.

1.7.86 Marian Carroll, CEO, Ronald McDonald House Charity of Ireland Ltd., Our Lady's Children's Hospital, Crumlin, D12.

The observer submission from the above can be summarised as follows:

- The observer supports the development.
- The development will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.
- The tri-location of the new children's hospital on a shared campus with St. James's Hospital, one of Ireland's leading teaching hospitals, will provide the optimal model of care for the sickest children, new-born infants and women.

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- It will improve clinical outcomes, patient experience and reduce waiting times.
 - There will be no more unnecessary replication of highly specialised services for children.
 - The new Model of Care will ensure proper referral pathways for all the children of Ireland to access the care appropriate to their needs, either close to their home or, if very specialised care is required, then at the new children's hospital.
 - The two satellite centres planned at Tallaght and Connolly hospitals will allow children with minor injuries and minor illnesses to be treated locally in a model of care which has proven to be of the highest standard in other locations around the world.
 - The children of Ireland deserve the best care available and they should not have to wait any longer for this much needed facility.

1.7.87 Mary O'Connor, Ballintyre Meadows, Ballintyre Hall, Ballinteer, D. 16.

The observer submission from the above can be summarised as follows:

- The observer supports the proposal.
- She has campaigned for, and promoted, the best possible delivery of health services for the children of Ireland for over 30 years.
- The development is long overdue.
- Many years of experience and hard-won expertise of parents of sick children and members of the strong grassroots chronic illness and condition support groups have contributed to the child and family focus of the submitted plans.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.
- When considering international best practice, McKinsey concludes that 'optimal' paediatric service for a population of up to 5 million must be co-located with an adult teaching hospital.
- Scottish Review of Paediatric Services and the Bristol Inquiry also have the same conclusions.
- An international group of leading children's hospitals' executives from Boston, London, Colorado, Queensland in a Ministerial National Paediatric Hospital Independent Review 2011 stated "We unequivocally believe that co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognised in the McKinsey report".
- Colocation, and ultimately tri-location, ensures an improved capacity to treat multi-system, complex conditions requiring integrated treatments across several clinical specialities, and St. James's Hospital has the greatest number of clinical specialties and national services from an adult perspective.
- St. James's is also the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology

programme, the Irish Blood Transfusion Service Board, and a Radiation Oncology facility.

- Direct and timely access to a wide spectrum of specialties and sub-specialties based fulltime on a single site and the ability to tap into sub-specialties expertise across paediatric and adult services is critical, this will be possible at the new development.
- The development will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.
- The tri-location will provide the optimal model of care for the sickest children, new born infants and women.
- There will be no more unnecessary replication of highly specialised services for children.
- The observer is former CEO of Children in Hospital Ireland.

1.7.88 Dr. Ciara Martin, Clinical Director of Paediatrics, The Adelaide & Meath Hospital, Tallaght, D. 24.

The observer submission from the above can be summarised as follows:

- The observer supports the proposal.
- It will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.
- The tri-location will provide optimal model of care for the sickest children, new born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times.
- There will be no more unnecessary replication of highly specialised services for children.
- An integral part of the new children's hospital includes the development of two satellite centres planned at Tallaght and Connolly hospitals.
- These centres will allow children with minor injuries and minor illnesses to be treated locally in a model of care which has proven to be of the highest standard in other locations around the world.
- The children of Ireland deserve the best care available and they should not have to wait any longer for this much needed facility.

1.7.89 Dr. Peter Greally, Children's Hospital Group, The Adelaide & Meath Hospital, Tallaght, D. 24.

The observer submission from the above can be summarised as follows:

- The observer supports the proposal.
- It will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.

- The tri-location will provide optimal model of care for the sickest children, new born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times.
- There will be no more unnecessary replication of highly specialised services for children.
- An integral part of the new children's hospital includes the development of two satellite centres planned at Tallaght and Connolly hospitals.
- These centres will allow children with minor injuries and minor illnesses to be treated locally in a model of care which has proven to be of the highest standard in other locations around the world.
- The children of Ireland deserve the best care available and they should not have to wait any longer for this much needed facility.

1.7.90 Dr Turlough Bolger, Chair of the Paediatric Medical Advisory Committee, Tallaght Hospital, D. 24.

The observer submission from the above can be summarised as follows:

- The observer submits, on behalf of his paediatric colleagues in Tallaght Hospital, his support for the NCH.
- It will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.
- The tri-location will provide optimal model of care for the sickest children, new born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times.
- There will be no more unnecessary replication of highly specialised services for children.
- An integral part of the new children's hospital includes the development of two satellite centres planned at Tallaght and Connolly hospitals.
- These centres will allow children with minor injuries and minor illnesses to be treated locally in a model of care which has proven to be of the highest standard in other locations around the world.
- The children of Ireland deserve the best care available and they should not have to wait any longer for this much needed facility.

1.7.91 Mona Baker, CEO, Temple Street Children's University Hospital, D. 1.

The observer submission from the above can be summarised as follows:

- Unequivocal support for the proposed NCH.
- Current facilities in the main acute children's hospitals are no longer adequate and the fragmentation of scarce clinical resources and expertise across the city has long been unsustainable.
- The new NCH will bring together all the expertise and institutional knowledge across a multitude of specialities within the three

existing children's hospitals providing seamless, integrated care under the umbrella of the new NCH.

- The NCH will act as a centre of a new Model of Care bringing all of the most complex elements of modern paediatric care together under one roof for the first time in Ireland's history.
- There will be no more replication of highly specialised services for children.
- It will result in better clinical outcomes, improved survival rates for the sickest children and young people and will significantly enhance the experience of service for all who attend it.
- The new Model of Care will ensure proper referral pathways for all the children of Ireland to access the care appropriate to their needs, either close to their home or, if very specialised care is required, then at the new NCH.
- St. James's Hospital is one of Ireland's leading teaching hospitals and tri-location, ultimately with a new maternity hospital, will provide the optimal model of care for the sickest children, new-born infants and women.
- St. James's has the greatest number of clinical specialities and national services from an adult perspective.
- Direct and timely access to a wide spectrum of specialities and sub-specialities based full-time on a single site and the ability to tap into sub-specialist expertise across paediatric and adult services is critical.
- St. James's is also the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the Stem Cell Biology Programme, the Irish Blood Transfusion Service Board and a Radiation Oncology facility.
- The satellite centres will provide urgent care to the children of Dublin and the surrounding counties as well as paediatric outpatients.
- These satellite centres will allow children with minor injuries and minor illnesses to be treated locally in a Model of Care which has proven to be of the highest standard in other locations around the world.
- Tri-location is the clear international preference across healthcare systems, development at St. James's offers the potential to replicate the international gold standard model.
- The observer refers to the: McKinsey's Children's Health First Reports; the Scottish Review of Paediatric Services; the Bristol Inquiry, and the Ministerial National Paediatric Hospital Independent Review 2011, in support of colocation and tri-location.
- Temple Street Hospital's Teams, some of the families and the patients have had the opportunity to input and feedback on the designs of the NCH at every stage.
- They feel a strong sense of ownership of the NCH and the designs being considered.
- The observer looks forward to moving into this world class facility on a truly optimal campus.

1.7.92 Orla Kennedy, CEO, Children in Hospital Ireland, Coleraine St., D. 7.

The observer submission from the above can be summarised as follows:

- Supports the planned development.
- The NCH will act as a centre of a new Model of Care bringing all of the most complex elements of modern paediatric care together under one roof for the first time in Ireland's history.
- The tri-location will provide optimal model of care for the sickest children, new born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times.
- There will be no more unnecessary replication of highly specialised services for children.
- The new Model of Care will ensure proper referral pathways for all the children of Ireland to access the care appropriate to their needs, either close to their home or, if very specialised care is required, then at the new children's hospital.
- An integral part of the new children's hospital includes the development of two satellite centres planned at Tallaght and Connolly hospitals.
- The satellite centres will provide urgent care to the children of Dublin and the surrounding counties as well as paediatric outpatients.
- These satellite centres will allow children with minor injuries and minor illnesses to be treated locally in a Model of Care which has proven to be of the highest standard in other locations around the world.
- It will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.
- It will bring together the three existing children's hospitals: Our Lady's Children's Hospital Crumlin; Temple Street Children's University Hospital, and the National Children's Hospital Tallaght.
- When considering international best practice, McKinsey concludes that 'optimal' paediatric service for a population of up to 5 million must be co-located with an adult teaching hospital.
- Scottish Review of Paediatric Services and the Bristol Inquiry also have the same conclusions.
- An international group of leading children's hospitals' executives from Boston, London, Colorado, Queensland in a Ministerial National Paediatric Hospital Independent Review 2011 stated "We unequivocally believe that co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent

paediatric service. This has become best practice internationally and was recognised in the McKinsey report”.

- Colocation, and ultimately tri-location, ensures an improved capacity to treat multi-system, complex conditions requiring integrated treatments across several clinical specialities, and St. James’s Hospital has the greatest number of clinical specialties and national services from an adult perspective.
- St. James’s is also the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology programme, the Irish Blood Transfusion Service Board, and a Radiation Oncology facility.
- Direct and timely access to a wide spectrum of specialties and sub-specialties based fulltime on a single site and the ability to tap into sub-specialties expertise across paediatric and adult services is critical, this will be possible at the new development.
- The tri-location of the new children’s hospital on a shared campus with St. James’s Hospital, one of Ireland’s leading teaching hospitals, will provide the optimal model of care for the sickest children, new-born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times.
- The children of Ireland deserve the best care available and they should not have to wait any longer for this much needed facility.

1.7.93 Prof. Alf Nicholson, Clinical Lead, RCSI Professor of Paediatrics and Consultant Paediatrician, Temple Street Children’s University Hospital and Dr. John Murphy, Clinical Lead, Consultant Neonatologist National Maternity Hospital, Holles Street, both c/o Royal College of Physicians of Ireland, Setanta Place, D. 2.

The observer submission from the above can be summarised as follows:

- The observers support the development.
- The NCH is central to the development of a national model of care for paediatrics.
- It will bring together all of the most complex elements of modern paediatric healthcare in a modern, purpose built facility that delivers the best medical treatments to our children.
- It brings together not only the three children’s hospitals in Dublin, but is also the centre of an integrated national network for paediatrics, thus improving care services for children throughout the country.
- The new model of care, together with the NCH will reduce duplication and fragmentation of paediatric services within our health system.
- Referral and clinical care pathways will be explicit for all specialties within the NCH to ensure accessible, high quality services for children and also to ensure the best use of resources.

- The two satellite centres at Tallaght and Blanchardstown will provide urgent and ambulatory care closer to home for children in the GDA.
- Children with more sophisticated requirements will attend the NCH, this model is proven internationally to be the highest standard available.
- International best practice (as highlighted by the McKinsey Report, and recommended in the Scottish Review of Paediatric Services and the Bristol Inquiry) supports colocation of paediatric services with an adult teaching hospital.
- St. James's has the greatest number of adult specialties operating on a regional and national basis, as well as being the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology programme, the Irish Blood Transfusion Service Board, and a Radiation Oncology facility.
- There is a breadth of expertise available on site which provides significant opportunity for knowledge sharing and collaboration.
- Colocation with St. James's represents the ideal situation to develop excellent paediatric services and ultimately improve outcomes.

1.7.94 Prof. Timothy O'Brien, Dean, College of Medicine, Nursing & Health Science, NUI Galway.

The observer submission from the above can be summarised as follows:

- Supports the proposed development.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.
- It will bring together the three existing children's hospitals: Our Lady's Children's Hospital Crumlin; Temple Street Children's University Hospital, and the National Children's Hospital Tallaght.
- When considering international best practice, McKinsey concludes that 'optimal' paediatric service for a population of up to 5 million must be co-located with an adult teaching hospital.
- Scottish Review of Paediatric Services and the Bristol Inquiry also have the same conclusions.
- An international group of leading children's hospitals' executives from Boston, London, Colorado, Queensland in a Ministerial National Paediatric Hospital Independent Review 2011 stated "We unequivocally believe that co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognised in the McKinsey report".
- Colocation, and ultimately tri-location, ensures an improved capacity to treat multi-system, complex conditions requiring integrated treatments across several clinical specialities, and St. James's Hospital has the greatest number of clinical specialties and national services from an adult perspective.

- St. James's is also the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology programme, the Irish Blood Transfusion Service Board, and a Radiation Oncology facility.
- Direct and timely access to a wide spectrum of specialities and sub-specialities based full-time on a single site and the ability to tap into sub-specialist expertise across paediatric and adult services is critical, this will be possible at the new facility.
- The tri-location of the new children's hospital on a shared campus with St. James's Hospital, one of Ireland's leading teaching hospitals, will provide the optimal model of care for the sickest children, new-born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times, there should be no more delays.

1.7.95 Mary Flaherty, CEO CARI, Lower Drumcondra Rd., D. 9.

The observer submission from the above can be summarised as follows:

- Supports the planned development.
- The development will bring all of the most complex elements of modern paediatric care under one roof for the first time in Ireland's history, in a modern building that is custom-built to deliver the best medical treatments that are now available.
- The tri-location of the new children's hospital on a shared campus with St. James's Hospital, one of Ireland's leading teaching hospitals, will provide the optimal model of care for the sickest children, new-born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times.
- There will be no more unnecessary replication of highly specialised services for children.
- The new Model of Care will ensure proper referral pathways for all the children of Ireland to access the care appropriate to their needs, either close to their home or, if very specialised care is required, then at the new children's hospital.
- The two satellite centres planned at Tallaght and Connolly hospitals will allow children with minor injuries and minor illnesses to be treated locally in a model of care which has proven to be of the highest standard in other locations around the world.
- The children of Ireland deserve the best care available and they should not have to wait any longer for this much needed facility.
- For CARI, which focuses on the needs of children affected by sexual abuse, the hub of the children's hospital satellites are a prerequisite to the development of a network for the Dublin region and a model for other regions

1.7.96 David Slevin, Chief Executive, The Adelaide & Meath Hospital Tallaght, D. 24.

The observer submission from the above can be summarised as follows:

- Tallaght Hospital supports this development.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.
- It will bring together the three existing children's hospitals: Our Lady's Children's Hospital Crumlin; Temple Street Children's University Hospital, and the National Children's Hospital Tallaght.
- When considering international best practice, McKinsey concludes that 'optimal' paediatric service for a population of up to 5 million must be co-located with an adult teaching hospital.
- Scottish Review of Paediatric Services and the Bristol Inquiry also have the same conclusions.
- An international group of leading children's hospitals' executives from Boston, London, Colorado, Queensland in a Ministerial National Paediatric Hospital Independent Review 2011 stated "We unequivocally believe that co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognised in the McKinsey report".
- Colocation, and ultimately tri-location, ensures an improved capacity to treat multi-system, complex conditions requiring integrated treatments across several clinical specialities, and St. James's Hospital has the greatest number of clinical specialties and national services from an adult perspective.
- St. James's is also the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology programme, the Irish Blood Transfusion Service Board, and a Radiation Oncology facility.
- Direct and timely access to a wide spectrum of specialties and sub-specialties based fulltime on a single site and the ability to tap into sub-specialties expertise across paediatric and adult services is critical, this will be possible at the new development.
- It will improve clinical outcomes, patient experience and reduce waiting times, there should be no more delays.
- The two satellite centres planned at Tallaght and Connolly hospitals will allow children with minor injuries and minor illnesses to be treated locally in a model of care which has proven to be of the highest standard in other locations around the world.

1.7.97 Archbishop Diarmuid Martin, Chairperson Board of Directors, Our Lady's Children's Hospital, Crumlin, D. 12.

The observer submission from the above can be summarised as follows:

- Supports the development.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.

- It will bring together the three existing children’s hospitals: Our Lady’s Children’s Hospital Crumlin; Temple Street Children’s University Hospital, and the National Children’s Hospital Tallaght.
- When considering international best practice, McKinsey concludes that ‘optimal’ paediatric service for a population of up to 5 million must be co-located with an adult teaching hospital.
- Scottish Review of Paediatric Services and the Bristol Inquiry also have the same conclusions.
- An international group of leading children’s hospitals’ executives from Boston, London, Colorado, Queensland in a Ministerial National Paediatric Hospital Independent Review 2011 stated “We unequivocally believe that co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognised in the McKinsey report”.
- Colocation, and ultimately tri-location, ensures an improved capacity to treat multi-system, complex conditions requiring integrated treatments across several clinical specialities, and St. James’s Hospital has the greatest number of clinical specialties and national services from an adult perspective.
- St. James’s is also the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology programme, the Irish Blood Transfusion Service Board, and a Radiation Oncology facility.
- Direct and timely access to a wide spectrum of specialties and sub-specialties based fulltime on a single site and the ability to tap into sub-specialties expertise across paediatric and adult services is critical, this will be possible at the new development.
- The tri-location of the new children’s hospital on a shared campus with St. James’s Hospital, one of Ireland’s leading teaching hospitals, will provide the optimal model of care for the sickest children, new-born infants and women.
- It will improve clinical outcomes, patient experience and reduce waiting times, there should be no more delays.

1.7.98 Louis Roden, Chairman New Crumlin Hospital Group (NCHG), c/o Appian Way, D. 6.

The observer submission from the above can be summarised as follows:

- The NCHG is a lobby group formed in 2002 to seek a new children’s hospital to replace the seriously outdated one in Crumlin.
- This group represents views of parents who have or had a child attending the hospital.
- The observer is a parent of two seriously ill children who have been attending OLHC since 2000.
- They have waited years amidst the talking and failed attempt to build the NCH.
- Today they are finally seeing this come to fruition.
- It is imperative that this project goes ahead.

- The most important factor is the speed that they can have a proper world class facility for their children and the children of Ireland.
- This project is far bigger than any individual.
- According to the original McKinsey Report and the opinion of their own international expert at the time, Ronnie Pollock, the colocation with a major adult teaching hospital was paramount in the treatment of sick children.
- The proposed development will achieve this goal, giving the best medical outcomes.
- This is the only major concern for parents attending a tertiary hospital, issues like parking and traffic are all secondary.
- If permission is refused it will set back paediatric healthcare in Ireland yet again and the talking will continue without any achievement.

1.7.99 Laura Lynn – Ireland’s Children’s Hospice, c/o Sharon Morrow CEO.

The observer submission from the above can be summarised as follows:

- Supports the NCH and two Urgent Care Satellite centres.
- It will deliver an improved medical experience for infants, children and adolescents and their families.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.
- Children and their families deserve nothing less than a modern facility with the newest equipment where Ireland’s wonderful clinical and medical staff can provide the appropriate care and support.
- The wait for a NCH has already been too long.

1.7.100 Prof. Martin J. White MD, Chair Neonatal Clinical Advisory Group, Consultant Neonatologist, Coombe Women and Infants University Hospital & Our Lady’s Children’s Hospital Crumlin.

The observer submission from the above can be summarised as follows:

- Writes on behalf of the Neonatal Clinical Advisory Group, Royal College of Physicians of Ireland.
- The Advisory Group support the proposal.
- The NCH will facilitate through the national model of care for paediatrics the enhancement and development of neonatology services not only within Dublin but nationally.
- The plans for the intensive care floor in the new build incorporating a dedicated neonatal intensive care unit should enable the provision of neonatal care of the complexly ill newborn both medical and surgical to the highest international standards.
- This is a new development in neonatology in Ireland.
- The NCH will also serve as the hub for the national neonatal transport team which will have facilities on site, improving transport nationally for newborn infants.

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- Consideration has been given for future expansion and for clinical adjacencies within the site essential to the functioning of the neonatology and paediatric services for patients.
 - The present neonatology specialist services will be integrated in a single service offering a more seamless service to children and families, thus providing better care for complex conditions in conjunction with other specialities, made possible by this proposed development.

1.7.101 Lorcan Birthistle, Chief Executive, St. James's Hospital, D. 8.

The observer submission from the above can be summarised as follows:

- St. James's Hospital unequivocally supports the proposed development.
- It will bring together on one campus the most specialised expertise of the three existing children.
- The proposal will result in better clinical outcomes, improved survival rates and will significantly enhance the experience of service for children, young people and their families.
- For the first time children with cancer in Ireland will be able to receive all three major modalities of care on a single campus.
- Colocation, and ultimately tri-location, ensures an improved capacity to treat multi-system, complex conditions requiring integrated treatments across several clinical specialities, and St. James's Hospital has the greatest number of clinical specialties and national services from an adult perspective.
- An international group of leading children's hospitals' executives from Boston, London, Colorado, Queensland in a Ministerial National Paediatric Hospital Independent Review 2011 stated "We unequivocally believe that co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognised in the McKinsey report".
- St. James's is the location of the Institute of Molecular Medicine, the Wellcome Clinical Trials Unit, the stem cell biology programme and the Irish Blood Transfusion Service Board.
- Direct and timely access to a wide spectrum of specialties and sub-specialties based fulltime on a single site and the ability to tap into sub-specialties expertise across paediatric and adult services is critical, this will be possible at the new development.
- The managed transition of patients with complex chronic conditions from paediatric to adult services will be greatly enhanced from co-location on the St. James's campus.
- A unique opportunity to develop a health campus in Ireland which will encompass specialist clinical care, education and research at the highest international level ranging from foetal medicine through to successful ageing.

1.7.102 Annie Nolan, Burren Road, Co. Clare.

The observer submission from the above can be summarised as follows:

- The observer is a parent.
- She supports the NCH at St. James's.
- Senior doctors and nurses from Crumlin, Temple Street and Tallaght hospitals support the proposal, they look after our sick children, they should be listened to.
- The development should be approved.
- The plans look great.

1.7.103 Fatima Groups United (FGU), c/o Joe Donohoe, Rialto, D. 8.

The observer submission from the above can be summarised as follows:

- The observer supports the application.
- FGU is the representative body of residents and community groups that operate and deliver services in Fatima and the surrounding areas.
- Creating new opportunities for training/employment and job creation from the Fatima Regeneration Project was a key component of the Fatima Social Agenda programme.
- The proposed development could be an incredible opportunity for Rialto and Dublin 8, particularly for young people in the area seeking employment.
- The development will result in the creation of thousands of jobs in Dublin 8 and its surrounds, and will be a catalyst for further commercial investment in the area.
- A community benefit steering group has been established and is working to ensure that all potential opportunities for the local community are maximised.
- A number of key commitments have already been agreed including social clauses in the construction contracts and the employment of a community benefit coordinator.
- St. James's Campus is the right location for the new hospital, it is centrally located and has more public transport linkages than any other hospital.
- Having the new NCH located on the same campus as the largest teaching hospital in Ireland, and in time with the new maternity hospital, will ensure that Ireland's children will finally have the hospital that they deserve.
- The community is fully behind the NCH.

1.7.104 Canal Communities Partnership, Tyrconnell Rd., Inchicore, D 8.

The observer submission from the above can be summarised as follows:

- The observer is in favour of the development.
- The observer is a publicly funded local development company with the brief of combating social disadvantage and exclusion in Dublin 8 and adjoining areas.

- The observer has seen the way the area has suffered from lack of investment, inadequate public services and high unemployment.
- The proposed National Children's Hospital has the potential to substantially address all these deficiencies.
- As an organisation committed to community engagement and inclusion, the observer has been impressed by the way the NCH has worked to consult a range of community interests and relevant state agencies in the design and development of the hospital.
- The construction and operational phases of the hospital will lead to more employment for local people and more opportunities for local businesses.
- In an area starved of investment, the NCH will be a boost to efforts made to regenerate the various disadvantaged communities within it.
- The benefits to the children from this area in terms of having a world class medical facility on the doorstep are obvious and welcome.
- The NCH development board are dealing with community concerns about traffic, transport and parking in a professional and consultative manner.
- The transport infrastructure to the area has improved dramatically in recent years.
- The potential transformative effect and longer term community benefits cannot be overestimated.
- The observer supports the development, it is long overdue and will be a very welcome addition to the communities within which it will be located.

1.7.105 Liberties Business Forum, Eblana House, Marrowbone Lane, D8.

The observer submission from the above can be summarised as follows:

- The Liberties Business Forum is a representative group for businesses and local stakeholders in The Liberties, Dublin.
- The objective of the forum is to support the ongoing physical rejuvenation of the area, to strengthen and support commercial activity, and to stimulate and attract further investment to this part of the city.
- The Forum includes representatives from DCC, St. James's Hospital, Diageo Ireland – The Guinness Storehouse, Digital Hub Development Agency, NCAD, together with local traders and small businesses.
- The observer supports the development.
- The observer welcomes the very significant investment in Dublin 8 which the New Children's Hospital represents and the huge potential of the hospital development programme to redefine and regenerate this area of the city.
- The observer recognises the vital part that St. James's Hospital already plays in the life of the area and the wider city, both as an

essential community service and as a medical facility of national reach and significance.

- The development will bring benefits to the residents, businesses and visitors to this part of the city.
- The observer concurs that local residents and businesses, as well as existing staff of the campus, will benefit from significant social, environmental and economic improvements in the years to come.
- The observer believes that the Children's Hospital project team have invested significantly in consultation with the local community and business stakeholders in the vicinity of the development, and the observer believes that this level of engagement is likely to continue throughout the building phase in the event of planning permission being awarded.
- It is the observer's view that the proposed construction and traffic management arrangements are to a very high standard and while some disruption in the area will be necessary during the construction phase, the observer is confident that the end result will have considerable local and national benefit.
- The observer is pleased to offer its support to the proposed development.

1.7.106 St. Michael's Estate Regeneration Board, Inchicore, D. 8.

The observer submission from the above can be summarised as follows:

- The observer declares its support for the location of the NCH at the St. James's Hospital Campus.
- The observer believes there will be great benefit to the local community if, as promised, community benefit clauses are included in the construction tender documents and the operational tender documents.
- With social inclusion clauses in the construction contracts for the build phase of the project, it will mean job creation, educational and training opportunities including apprenticeships for people from the local communities.
- The hospital's presence will be central to the regeneration plans for the area with the NCH hospital team committing to specific deliverables in this regard.
- The observer is involved with the steering group, working to ensure that all potential opportunities for the local community are maximised, chaired by G. Jeyes of Tusla, it also includes representatives from DCC, Educational Training Boards, other local regeneration boards, St. James's Hospital, and the Children's Hospital Group.
- Having the new children's hospital located on the same campus as the largest teaching hospital will ensure that Ireland's children will benefit greatly from expert care and the most up to date resources.

1.7.107 F2 Centre & Enterprise Management Board, Rialto, D. 8.

The observer submission from the above can be summarised as follows:

- The F2 centre and Enterprise management Board is the successor structure to The Fatima Regeneration Board.
- The observer supports the planning application.
- The physical regeneration of the Fatima area was completed just as the national financial crisis occurred, and as a result there are many enterprise units sitting empty in the Herberton Development and in the surrounding areas.
- The observer is hopeful that the investment in the NCH will be the catalyst which will result in renewed commercial investment and that it will attract ancillary businesses that can avail of the existing resources in Herberton and surrounding areas.
- The hospital's development will be central to the social regeneration plans for the area with the NCH hospital team already committing to specific deliverables in this regard.
- The NCH has potential to create thousands of jobs for D 8 and its surrounds.
- Social clauses in the construction contracts for the build phase along with the commitment of the hospital development board and the support of local community groups and statutory agencies mean that local people will be employed in the development of the hospital.
- A community benefit steering group has been established and is working to ensure that all potential opportunities for the local community are maximised.
- St. James's Campus is the right location for the new hospital, it is centrally located and has more public transport linkages than any other hospital.
- The F2 Centre is based adjacent to the existing campus where it operates conferencing facilities.
- Luas and bus links in the area are excellent and especially beneficial to those travelling from all counties of Ireland to conferences in the F2 Centre.
- The Luas Cross City will be established by the time the NCH opens.
- The exit at the Rialto Luas Stop will deliver visitors and staff to the NCH doorstep.
- There will be park and ride facilities at the Red Cow Luas Stop for those who wish to leave their car and travel quickly and efficiently to the hospital campus.
- Travel time on the Luas from the Red Cow is 14 mins.
- There are 6 bus routes that pass the boundary of the hospital and some which go through the campus.
- For parents who wish to drive to the NCH there will be 1000 secure car parking spaces, of which 675 will cater for families and visitors as well as an emergency drop off location.
- The parking system will allow families to reserve a parking space ahead of arriving to the hospital, which will make things a lot less stressful for them.

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- Having the new NCH located on the same campus as the largest teaching hospital in Ireland, an in time with the new maternity hospital, will ensure that Ireland's children will finally have the hospital that they deserve.
 - There is no doubt that the NCH can have a positive and regenerative effect on the local communities in D. 8, bringing with it opportunities for local employment, the development of small businesses, and renewed interest in the area.
 - The observer supports and welcomes its development and will endeavour to work alongside the National Hospital Development Board to ensure that community benefit is maximised throughout the build, the observer hopes that when the NCH becomes operational, it will exist in harmony with, and as a welcome addition to, the existing communities.

1.7.108 Dublin Chamber of Commerce, c/o Gina Quin, Chief Executive.

The observer submission from the above can be summarised as follows:

- The observer strongly endorses the NCH at St. James's.
- The project will provide a crucial piece of social infrastructure, which will provide better healthcare to the children of Ireland.
- The Royal College of Physicians first proposed the construction of a new NCH in 1993.
- At 39, the number of specialities available in St. James's is among the highest in the country and will help in the treatment of the most seriously ill children.
- Construction will take c. 5 years, during this time, over a 1000 jobs will be created.
- After construction, the NCH will also generate ancillary jobs in the development of healthcare technology, offering a boost to the adjacent Digital Hub.
- The increase in the size of the campus will also serve as a boost to the development of a medical cluster.
- The cluster will support development of advanced healthcare technologies and foster intellectual capability.
- Dublin 8 is well positioned for this type of business development.
- Dublin Chamber which represents 1,3000 businesses throughout Dublin, from various sectors, supports the planned NCH on a campus shared with St. James's Hospital.

1.7.109 Kerrill Thornhill, Managing Director, Maithu IT Solutions, The Digital Hub, Thomas St., D. 8.

The observer submission from the above can be summarised as follows:

- Supports the project.
- The creating of a health tech research corridor from St. James's to Trinity College via the Digital Hub has enormous potential for the delivery of new technologies to improve the lives of patients not just in St. James's but around the country.

- The public benefits of a state of the art children’s hospital will have a very positive impact on the lives of patients and also on the ability of healthcare workers to do their work effectively.
- Residents, businesses and healthcare workers will benefit from significant social, environmental and economic improvements in the years to come.
- It will be a world-class building.
- Social clauses in the construction contracts for the build phase of the project mean that local people will be employed in the development of the hospital.
- A steering group is working to ensure that all potential opportunities for the local community are maximised.
- It will result in better clinical outcomes, improved survival rates for the sickest children and young people.
- There is no doubt that the hospital can have a transformative effect on the Dublin 8 community.
- St. James’s Campus is the right location for the new hospital, it is centrally located and has more public transport linkages than any other hospital.
- The Luas serves Heuston and Connolly stations which cater for people travelling from the 4 corners of Ireland.
- The Luas Cross City will be established by the time the NCH opens.
- The exit at the Rialto Luas Stop will deliver visitors and staff to the NCH doorstep.
- There will be park and ride facilities at the Red Cow Luas Stop for those who wish to leave their car and travel quickly and efficiently to the hospital campus.
- Travel time on the Luas from the Red Cow is 14 mins.
- There are 6 bus routes that pass the boundary of the hospital and some which go through the campus.
- There will be 1000 secure car parking spaces of which 675 will cater for families and visitors as well as an emergency drop off location.
- The parking system will allow families to reserve a parking space ahead of arriving to the hospital.
- Ireland’s children will finally have the hospital that they deserve.

1.7.110 Community Action Network (CAN), Peter Dorman, Lower Gardiner St., D. 1.

The observer submission from the above can be summarised as follows:

- CAN supports the proposal.
- CAN is a community development NGO.
- The neighbourhood where the NCH is proposed is characterised by high levels of social exclusion.
- CAN is interested in the application because they believe the location of the NCH in Dublin 8 will have an enormous positive impact on the regeneration of the area.

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- CAN proposes that the NCH include Community Benefit Clause measures in its procurement.
 - A Community Benefit Programme for the area has begun centred on the development of the NCH.
 - It is possible to make a significant contribution to addressing the need for employment and education in the area using the procurement involved for targeted training and recruitment as evidenced in 'A Primer on Social Clauses in Ireland' and the experience in Glasgow Southern General.
 - It is possible to generate strong career pathways into the hospital campus, which, taking St. James's and the NCH together, will employ 7,000 people, as evidenced by the experience of Glasgow in building partnerships between schools, colleges and the hospital.
 - The commitment of all parties required to make this potential a reality is real and strong.
 - This opportunity will be lost for the area should planning not be granted.
 - There is no guarantee that another location would afford the same level of benefit.
 - The submission includes a copy of 'A Primer on the Use of Social Clauses in Ireland' (CAN June 2015).

1.7.111 Catherine Byrne TD, Dáil Éireann, D. 2.

The observer submission from the above can be summarised as follows:

- Broadly welcomes the development.
- The hospital is desperately needed.
- No one site was ever going to please 100% of the population but the benefits of locating the NCH at St. James's far outweigh those of any other location considered.
- This hospital is also going to be a real boost for Dublin 8.
- There is widespread support for the new hospital among local businesses.
- It is an excellent opportunity to encourage young people living in the area to invest in a future in medicine, nursing, healthcare, science etc.
- The project will bring about a level of economic and community regeneration in the local area which is needed and will be a great boost to the area.
- The observer wishes to draw attention to the historical flooding problem along Mount Brown, particularly at Faulkner Terrace which could negatively impact on the new car park.
- A 'current existing condition' survey should be carried out, the drainage system should be monitored and compared with the existing condition to make sure the situation is not exacerbated.
- Traffic is a real worry for local people, especially during the construction phase.
- Once the hospital is open the observer does not envisage traffic volumes increasing exponentially.

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- There is an excellent public transport system serving the hospital, and various access routes for vehicles.
 - Emergency cases will be transported via ambulance and helicopter, as is normal for all hospitals.
 - It would be prudent however to devise and adopt a 'Traffic and Transport Management Plan' prior to works commencing, to document and examine existing traffic levels, and compare them to projected traffic levels.
 - The observer has real concerns regarding properties on O'Reilly Avenue in Ceannt Fort which back onto the main hospital site.
 - With regard to the properties at Cameron Sq. and Brookfield Rd., there are concerns about overlooking and loss of natural light.
 - Concerns have also been raised by residents of Brookfield Rd., SCR, Mount Shannon Rd., and environs, about the visual impact of the development.
 - All of these are genuine, valid concerns and must be carefully considered.

1.7.112 Rialto Environmental Group c/o Alison O'Donohoe, New Ireland Rd., Rialto, D. 8.

The observer submission from the above can be summarised as follows:

- Trees are vital in the hospital as therapeutic assistance, pollution reduction, noise reduction and softening of the visual landscape.
- A number of suggestions are made in relation to tree removal.
- Submission in relation to new tree planting.
- Steps should be taken to support the existing swift population in St. James's site, for insect reduction during summer and nature watching exercise for children on the rooftop garden during summer.
- The observer requests that swift boxes be incorporated into the build.
- The observer supports the steps being taken to minimise car use on campus, leaving space available for patients.
- The transport options need to be kept under regular review at all stages of the development.
- The suggestion that there should be paid parking on surrounding streets is a blunt instrument.
- Other options are outlined by the observer.
- The proposed plan is a stunning piece of architecture.
- It incorporates best international practice for children's hospitals for patients, their parents and staff, the observer particularly likes the creative rooftop therapeutic garden.
- It should be built without any further delay.

Part 2 – The Oral Hearing Report

Part 2 – The Oral Hearing Report

Oral Hearing Report

2.1 Day 1 - 30th November 2015

Module 1: The Applicant (NPHDB)

Jarleth Fitzsimons SC for the applicant.

The contents of the submission from the above to the Hearing can be summarised as follows:

- Introduces some of the applicant's team and gives an outline of the proposed development.
- Refers to the Model of Care.
- Explains the two principle aims of the project: secondary healthcare for children in the GDA and tertiary healthcare for children of the whole country.
- Outlines the legal context setting up the NPHDB.
- States that there is an overwhelming need for the development.
- Explains the benefits of collocation with SJH.
- States the proposal is not functionally inter-dependent with any future maternity hospital but can facilitate such a tri-location in the future.
- ABP will be required to balance all material planning interests in its determination.
- Refers to the requirements of ABP in relation to EIA and AA.
- Speaks of the benefits to the local community and refers to the extensive consultations carried out at design stage.
- World class healthcare facility.
- Community benefit clauses being proposed.
- Refers to the Board's refusal on the Mater hospital site, states the applicant has learned from that decision.
- Planning merits and demerits will have to be considered by ABP, however, a balance must be struck.

Clare White, Architect, Director of O'Connell Mahon Architects

The contents of the submission from the above to the Hearing can be summarised as follows:

- Provides a brief introductory overview of the proposed development.

Dr Emma Curtis, Medical Director to the NPHDB

The contents of the submission from the above to the Hearing can be summarised as follows:

- Outlines her medical qualifications and experience.
- Outlines her involvement with the applicant and the application.
- She is the Medical Director to the project.
- Dr Curtis ensures there is appropriate clinical input to the project.

- She represents the clinicians' views to the applicant and the design team.
- She works closely with the HSE, the Children's Hospital Group, and with the National Paediatric Clinical Programme.
- She has worked closely with the Operations Managers, the Directors of Nursing, the health planners and the clinicians in the development of the activity and capacity modelling on which the design has been based.
- She supports, and has been involved in, the development of the National Model of Care 2015.
- She seeks to address and respond to a number of submissions and observations in relation to clinical matters including, *inter alia*, the following: clinical need; model of care; co-location; tri-location, and expansion.
- Refers to the clinical and community support for the project and states that the application is supported by all of the leading paediatric bodies in the State.
- Dr Curtis tells the Hearing that while the functioning of the NCH is not dependent upon the development of a maternity hospital at SJH campus, the NCH has been designed in a sustainable manner so as to interface with a possible future maternity hospital on the campus and is capable, therefore, of delivering the tri-location model identified in the National Model of Care.

Paul de Freine, Chief Architectural Advisor to the HSE

The contents of the submission from the above to the Hearing can be summarised as follows:

- Outlines his architectural qualifications and experience
- Outlines his role in the proposed development.
- Seeks to capture and explain some key events, decisions and processes over the complicated history to date of this very large, strategic, exceptionally complex and nationally important project.
- Gives the background to key issues in relation to the history of the project.
- Refers to, *inter alia*, the following: 'Quality and Fairness – a Health System for you' (DoH 2001); 'Children's Health First' (The McKinsey Report HSE 2006); HSE/DoH&C/OPW Joint Task Force 2006; RKW Report 2007; KPMG Report 2007; Independent Review for Minister Reilly 2011; ABP decision on the Mater site (2012); The Dolphin Report 2012, and the Clear/Martin Report 2012.
- Government decision to locate the NCH at SJH campus.
- The HSE supports the compelling, coherent, and pressing case to develop this new NCH on the SJH campus.

Michael Wall BL for the applicant outlines the proposed order of witnesses for the afternoon session.

Benedict Zucchi, Architect, Board Director of Building Design Partnership (BDP)

The contents of the submission from the above to the Hearing can be summarised as follows:

- Joint submission with Ms Clare White.
- Outlines his architectural qualifications and experience.
- Outlines his role in the proposed development.
- Provides an overview of the design concept's evolution.
- The site was extensively surveyed and analysed by the multi-disciplinary design team.
- Parameters considered included, *inter alia*: topography; landscape; access & movement; circulation; boundary conditions; links to St. James's; infrastructure; views; microclimate & environment; DCC development standards, and zoning of proposed activities.
- Refers to key drivers from the design brief.
- States that future flexibility is one of the paramount considerations in the design brief.
- Indicates that the NCH includes a number of design characteristics that support a high degree of sustainability and adaptability.
- Refers to future expansion of clinical services being achieved in a number of ways.
- Future expansion could take place independently of any modification of the building itself but the design brief for the NCH states that the site strategy must demonstrate its capacity to accommodate 20% possible future expansion of the hospital.

Clare White, Architect, Director of O'Connell Mahon Architects

The contents of the submission from the above to the Hearing can be summarised as follows:

- Outlines her architectural qualifications and experience.
- Outlines her role in the proposed development.
- Refers to clinical design parameters.
- Refers to the need to integrate the NCH into St. James's Hospital campus.
- Outlines proposals in relation to future links to SJH and the possible future Maternity Hospital on the campus.
- States that in the future it is likely that the adult hospital will be redeveloped as a taller structure.
- Locations have been identified to facilitate future links between the NCH and future development of the adult hospital.
- Presents the clinical layout of the NCH to the Hearing.
- Describes the proposed CRIC building to the Hearing and responds to concerns raised by observers in relation to this aspect of the proposal.

Benedict Zucchi, Architect, Board Director of Building Design Partnership (BDP)

The contents of the submission from the above to the Hearing can be summarised as follows:

- Continues with his presentation to the Hearing.

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- Focuses on specific characteristics of the proposed design's form and external character and its relationship to the existing site context, particularly the residential neighbours that bound the site.
 - Seeks to address issues that have been raised in the observer submissions relating to: bulk & mass; limited open space; no ground level green space; reduction of green area along Luas; effect on sunlight penetration; perceived absence of 'masterplan'; site expansion, and plot ratio/site coverage.
 - CDP parameters considered carefully.
 - Refers to clinical norms in relation to storey heights.
 - Describes the proposed approach for each of the site's principal boundaries.

Nicholas Edwards, Landscape Architect, Director of BDP's Urbanism Group

The contents of the submission from the above to the Hearing can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Presentation to the Hearing seeks to cover the landscape design of the NCH together with the FAU, the CRIC and the redesigned campus road.
- Outlines the aims of the landscape design.
- Provides a description of the landscape design proposals.
- Outlines the landscape treatment of the site's boundaries.
- Provides a comparison of the site as existing with the proposed landscape design.

Phelim Devine, Chartered Engineer, Design Director/Deputy Project Director, NPHDB

The contents of the submission from the above to the Hearing can be summarised as follows:

- Joint submission with Byron Thurber in relation to the proposed hospital helipad.
- The witness's evidence seeks to set out the clinical need, design, and operation of the proposed helipad.
- Background is given in relation: to the clinical need for the helipad; the helipad access, and fire safety requirements in relation to the helipad.
- Seeks to respond to observer submissions in relation to the proposed helipad.

Byron Thurber, Architect, Senior Aviation Planner, Associate of ARUP

The contents of the submission from the above to the Hearing can be summarised as follows:

- Joint submission with Phelim Devine in relation to the proposed hospital helipad.
- Presents qualifications and experience to the Hearing.
- Provides the Hearing with information regarding the planning and design of the helipad.

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- Also seeks to respond to concerns raised in the observer submissions in relation to the helipad.

Aebhin Cawley, Chartered Environmentalist, Director of Scott Cawley Ltd.

The contents of the submission from the above to the Hearing can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- The witness tells the Hearing that she was responsible for the preparation of an AA Screening Report and NIS which were submitted to the Board with the application.
- Provides an overview of the AA Screening Report and conclusions.
- Provides an overview of the NIS and conclusions.
- Provides an overview of the AA Screening and AA for the three draft Site capacity Studies.

2.2 Day 2 – 1st December 2015

Module 1: The Applicant continues

Neil Orpwood, Architect, representing HLM & Coady Architects

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presentation relates to the two satellite centres, one at Tallaght Hospital and the other at Connolly Hospital, Blanchardstown.
- Gives the background to the reasons for the satellite centres including their location.
- Describes the architectural design approach to each of the centres.
- Describes the receiving environment in relation to each centre.
- Gives an overview of what is to be accommodated within each centre.

Paul O'Neill, Chartered Town Planner, Associate with Billfinger GVA

The contents of the submission to the Hearing by the above can be summarised as follows:

- The purpose of the presentation is to outline briefly the planning context of the proposed development having regard to the third party submissions.
- The witness holds that the proposed development is supported by a number of strategic planning policy documents including: the NSS; the Regional Planning Guidelines for the GDA; the Model of Care for Paediatric Healthcare; Smarter Travel A Sustainable Transport Future 2009-2020; Spatial Planning and the National Roads – Guidelines for Planning Authorities, and the Draft Transport Strategy for the GDA 2016-2035.
- Outlines how the proposal at the SJH site deliveries on the core strategy aims, policies and objectives of the CDP.

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- Holds that the SJH site for the NCH is the best possible site from a land use and transportation policy perspective and goes to the heart of what is meant by an integrated approach to planning and development.
 - Refers to the CDP in the context of the proposed compound on Davitt Road.
 - Holds that the proposed development at Tallaght Hospital is supported by the relevant policies and objectives of the relevant CDP and LAP.
 - Holds that the proposed development at Connolly Hospital is in accordance with the relevant CDP and would not compromise the delivery of any local objectives relating to the site or its environs.

Paul Healy, Structural Engineer, Director OCSC Consulting Engineers

The contents of the submission to the Hearing by the above can be summarised as follows:

- Delivers a brief summary of the main findings in relation to a number of civil and structural engineering matters and responds to observer submissions on those matters.
- The first such matter addressed is the 'Outline Construction Management Plan' and included reference to, *inter alia*, the following:
 - Sequencing of the project
 - Hours of work
 - Site management
 - Hoarding and site compound
 - Site access
 - Dust/dirt minimisation
 - Noise mitigation measures
 - Vibration monitoring
 - Harmful materials
 - Vermin control, waste management
 - Construction traffic management
 - Enabling works, including condition surveys
 - Demolition
 - Basement works
 - Main Construction works
 - Issues pertaining to the CRIC building and the satellite centres.
- The next matter addressed is 'Soils and Geology' and included reference to construction and operational phase impacts.
- The next matter addressed is 'Hydrogeology and Hydrology' and included reference to, *inter alia*, flood risk assessment and the existing flooding in the Mount Brown area.
- The next matter addressed is 'Material Assets – Water & Drainage' and focuses on responses to the submissions from observers on the issue.

Donal McDaid, Civil Engineer, Director ARUP

The contents of the submission to the Hearing by the above can be summarised as follows:

- The submission relates to the impact on the existing traffic and transportation environment during the Construction Phase of the project.
- The construction transport strategy proposed as part of NCH is set out.
- A response is submitted to the Hearing to the construction stage issues raised by the planning authorities and the prescribed bodies.
- Specific responses are provided to construction traffic issues raised by observers to the application.

Donal McDaid, Civil Engineer, Director ARUP

The contents of the submission to the Hearing by the above can be summarised as follows:

- The submission relates to Operational Stage Traffic and Transportation matters.
- An understanding of the transport demands and needs of the NCH was developed in consultation with the Children's Hospital Group operators.
- The transportation assessment methodology was established in consultation with, and agreement of DCC, SDCC, Fingal Co. Co. and the NTA.
- Consultations were held with Dublin Bus and the RPA (now TII).
- The NCH is fully in accordance with National, Regional and local transport planning policy.
- Transport planning policy directs the location of the NCH to a location which can attract and support access and travel by alternative sustainable modes of transport and cautions against development which undermines the strategic function of the National Road Network.
- An alternative location outside of the M50 would generate significant volumes of locally generated traffic onto the M50.
- The witness cites the NTA submission to the Board supporting the proposed location.
- The witness cites extensively from the Draft Transport Strategy for the GDA 2016-2035 (NTA October 2015) in support of the application, the draft strategy was published after the application was submitted to the Board.
- Many aspects of the applicant's transport strategy implements strategies as contained in the NTA Draft Strategy.
- The SJH campus is located within a central location in the city and is very accessible by public transport from the GDA compared to more peripheral locations on the M50.
- The witness addresses matters pertaining to consideration of alternative locations in the context of traffic and transport impacts.
- A comparison between the SJH site and Connolly Hospital is presented to the Hearing.

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- The Transport Strategy for the NCH has been derived in consultation with the medical planning team for the project.
 - The strategy has been developed in consultation with the adult hospital, the National Paediatric Hospital Development Board and the Children's Hospital Group, it has also been guided and informed by the views of the key transport authorities, being the local authorities and the NTA.
 - In relation to the NCH, the strategy is already being implemented in partnership with the transport stakeholders through the St. James's Campus Smarter Travel Programme.
 - Essential travel by car for patients, their families and visitors has been accommodated in terms of parking provision.
 - During morning and evening peak commuter periods, the strategy proactively seeks to limit traffic impact on the local road and street network.
 - A transport appraisal of the proposed satellite centre at Tallaght Hospital is presented to the Hearing.
 - A transport appraisal of the proposed satellite centre at Connolly Hospital is presented to the Hearing.
 - A response to the submissions made by the planning authorities and prescribed bodies is presented to the Hearing.
 - A response to the submissions made by the observers is presented to the Hearing.

Stephen Hollowood, Chartered Town Planner, Senior Director Billfinger GVA

The contents of the submission to the Hearing by the above can be summarised as follows:

- Submission relates to examination of alternatives in the context of the EIS.
- The witness sets out the processes adopted and how alternatives have been assessed.
- Refers to EU legislation, Irish legislation and EPA guidance.
- Refers to Model of Care in Paediatrics in the context of policy approach.
- States that clinical need was a primary driver in Government considerations.
- Refers to: McKinsey Report 2006; RKW Report 2007; KPMG Report 2008, ABP Mater site decision 2012, and Review of a Plan for A/UCC in the context of strategy.
- In relation to site selection the witness refers to the Dolphin Report 2012 and the Clear Martin Report 2012.
- Cites the Government decision in relation to the selection of the SJH site in November 2012.
- Refers to alternative layouts, alternative building designs and alternative processes/phasing.
- Concludes that the EIS follows the relevant EU and Irish legislation and EPA guidelines.

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- States that it is important to note that meeting clinical need is, at least, equally as important as other factors in the decision.

Stephen Hollowood, Chartered Town Planner, Senior Director Billfinger GVA

The contents of the submission to the Hearing by the above can be summarised as follows:

- Submission relates to macro-economic and urban regeneration considerations.
- Discusses economic policy context citing the NSS, the Regional Planning Guidelines, the current CDP and the draft CDP.
- Assesses the scale of the opportunity and degree of impacts, noting, *inter alia*, a €650 m capital cost and €240 m annual operating cost and 'Urban Initiatives' and the 'Harnessing the Potential' reports.
- Gives examples of other hospital-led regeneration projects.
- Refers to the economic impact of the proposed satellite centres.
- Responds to specific submissions and observations regarding alternative sites.

Clare White, Architect, Director of O'Connell Mahon Architects

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presentation centres on the applicant's draft Site Capacity Study.
- Responds to submissions in relation to the draft Site Capacity Study.
- Outlines the purpose of the said study.
- Provides the Hearing with information relating to existing development areas on the campus.
- Outlines the objectives of the draft Site Capacity Study.
- Highlights 'opportunity zones' on the campus.

2.3 Day 3 - 2nd December 2015

Module 1: The Applicant continues

Paul O'Neill, Chartered Town Planner, Associate with Billfinger GVA

The contents of the submission to the Hearing by the above can be summarised as follows:

- Submission relates to site specific planning policy and local amenity issues.
- Outlines relevant planning histories in relation to the four sites.
- The proposed NCH at St. James's is distinctly different from the Mater proposal.
- Seeks to respond to submissions in relation to planning policy and local amenity issues.
- Refers to land use zoning matters raised by observers.
- Refers again to the need to strike a planning balance in determining the application.

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- Refers to existing developments surrounding the SJH site.
 - Responds to submissions made in relation to the proposed height.
 - Responds to submissions made in relation to open space provision.
 - Responds to submissions made in relation to plot ratio and site coverage.
 - Responds to submissions in relation to overlooking.
 - Responds to submissions made in relation to amenity issues and the Davitt Road site.

Thomas Burns, Landscape Architect, Partner with Brady Shipman Martin.

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Presentation relates to landscape/townscape and visual impact assessment.
- Refers to 'key issues' in relation to landscape/townscape and visual impact aspects.
- Presents mitigation measures proposed for both the construction phase and the operational stage.
- Seeks to respond to submissions from the planning authorities and some observers.

John Kelly, Architect, Brady Shipman Martin

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Tells the Hearing he has been active in the fields of accurate visual representation and of daylight, sunlight and overshadowing analysis.
- Presentation relates to daylight, sunlight and overshadowing in the context of the proposed development.
- Refers to 'key issues' in relation to daylight, sunlight and overshadowing.
- Refers to potential impacts arising from the proposed development.
- Presents mitigation measures proposed for both the construction phase and the operational stage.
- Seeks to respond to submissions made in relation to access to daylight, sunlight and overshadowing concerns.

Donal ffrench-O'Carroll, Chartered Valuation Surveyor

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Submission relates to an evaluation as to whether the proposed development is likely to have any effect on the market value of local residential properties.
- The evaluation relates to developments at all four sites.
- Refers the Hearing to Dublin house prices from 2012 to 2015.

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- Talks about buyer behaviour in the context of the residential market.
 - Refers to the EIS in the context of residential property values.
 - Tells the Hearing that it is his professional opinion that there will be no negative post-construction impact on residential property prices.

John Pollock, Project Director, NPHDB

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Addresses the consultation and community engagement programme prior to, and following, the submission of the application.
- Presents the measures taken to ensure building contractors appointed to the project follow a programme of engagement with key stakeholders which will be set out in the construction contracts.
- Seeks also to respond to issues raised in relation to consultation and community engagement in a number of submissions received.
- Refers to community benefits and how the NCH will have a transformative impact on Dublin 8.
- Also seeks to address submissions made in relation to 'community gain'.

Dr Stephen Smyth, Mechanical Engineer, Principal Acoustic Consultant with AWN Consulting

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Presentation to the Hearing relates to the topic of noise and vibration.
- Refers to potential impacts arising from construction phase noise and vibration.
- Refers to potential impacts arising from operational stage noise and vibration.
- Outlines mitigation measures proposed to the Hearing in relation to both noise and vibration impacts.
- Outlines predicted residual impacts.
- The presentation relates to all four sites.
- Seeks to respond to the submissions from observers raising concerns in relation to noise and vibration impacts.

Dr Edward Porter, Environmental Consultant, Director of Air Quality and Climate with AWN Consulting

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Presentation relates to air quality and climate impacts of the proposed NCH.

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- Outlines the potential impacts arising in relation to air quality and climate from the proposed development for both the construction phase and operational stage.
 - Outlines mitigation measures proposed for the construction phase and operational stage.
 - Seeks to respond to the submissions from observers raising concerns in relation to air quality and climate.

Matthew Hague, Consultant Ecologist with Brady Shipman Martin

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Presents 'key issues' in relation to flora and fauna.
- Outlines the potential impacts arising in relation to flora and fauna from the proposed development for both the construction phase and operational stage.
- Outlines mitigation measures proposed for the construction phase and operational stage.
- Refers to predicted residual impacts.
- Seeks to respond to the submissions from observers raising concerns in relation to flora and fauna.
- Concludes that there will be no impacts on any habitats or species of ecological value or on sites designated for nature conservation.

Rob Goodbody, Historic Building Consultant

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.
- Outlines 'key issues' in relation to architectural heritage.
- Outlines the potential impacts arising in relation to architectural heritage from the proposed development for both the construction phase and operational stage.
- Outlines mitigation measures proposed for the construction phase and operational stage in relation to architectural heritage.
- Responds to submissions from a prescribed body and observers in relation to architectural heritage.
- Submits a schedule of materials for salvage during demolition of certain buildings and structures at the SJH site.
- Also reads into the record of the Hearing a paper prepared by Lisa Courtney, Archaeologist in relation to archaeological heritage protection.

Dr Martin Hogan, Consultant Occupational & Environmental Physician, Director of Employment Health Advisers Ltd.

The contents of the submission to the Hearing by the above can be summarised as follows:

- Presents qualifications and experience to the Hearing.

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- Addresses the hearing in relation to potential Human Health impacts of the proposed development including: air quality; infectious agents including Aspergillus, and noise.
 - Seeks to respond to the submissions from observers raising concerns in relation to potential impacts on human health arising at both construction phase and operational stage.

Mr Jarleth Fitzsimons SC for the applicant submits a document clarifying issues following questions earlier from the Inspector in relation to the helipad evidence.

2.4 Day 4 - 7th December 2015

Module 2: The Planning Authorities

Fingal County Council

Sean McGrath, Senior Executive Engineer, Fingal Co. Co.

The contents of the submission to the Hearing by the above can be summarised as follows:

- Answers a number of questions from the Inspector in relation to existing and proposed public transportation infrastructure serving the area in proximity to Connolly Hospital.
- Agrees with transport description in the area of the Connolly site as contained in the applicant's EIS.
- States that the Local Authority has limited powers in providing public transport.
- Describes the Bus Rapid Transit service as proposed by the NTA.
- Describes capacity potential of the Bus Rapid Transit.

Nicholas O'Kane, Senior Executive Planner, Fingal Co. Co.

The contents of the submission to the Hearing by the above can be summarised as follows:

- In response to questions from the Inspector states that the NTA is lead authority on the Bus Rapid Transit.
- Describes existing bus services in the Blanchardstown area and routes through Connolly Hospital campus.
- Refers to the proposed Metro West orbital route, the p.a. currently protect the line/corridor as per the existing CDP, it is not known if that will be retained in the forthcoming CDP, the witness notes that the Metro West is not mentioned in the GDA Draft Transport Strategy 2016-2035.
- Tells the Hearing the new CDP is proposed for adoption in March 2017.

Fingal Co. Co. and the applicant were offered the opportunity to question one another, neither party availed of that opportunity.

Dublin City Council

Mary Conway, Senior Planner, Dublin City Council

The contents of the submission to the Hearing by the above can be summarised as follows:

- Tells the Hearing that the p.a. have no further comments to add following the applicant's submission in Module 1.
- Reads memo from the Assistant Chief Fire Officer into the record of the Hearing regarding the proposed Helipad.
- Answers a number of questions in relation to architectural heritage protection in relation to the Chapel and Garden Hill.
- Tells the Hearing that there are no recommendations from the Minister in relation to adding structures on the site to the RPS.

Brendan O'Brien, Head of Technical Services in the Environmental and Transportation Department, Dublin City Council

- Outlines discussions with the applicant, refers to these discussions as wide-ranging and on-going over a number of issues, particularly in relation to MMP.
- Describes the processes involved in relation to changes to on-street residential parking schemes.
- Gives the example of the Croke Park on-street paid parking scheme.
- Agrees that existing Luas usage by staff at SJH is low, attributes this to the existing car parking available on the campus, refers again to the MMP for the campus which aims to, *inter alia*, lower usage of the private car by staff.
- States that the Luas is the key element of the transportation strategy, notes future improvements being proposed including the Luas cross-city project which will be operational in 2017.

Dublin City Council and the applicant were offered the opportunity to question one another, neither party availed of that opportunity.

Module 3: The Prescribed Bodies

The prescribed bodies making submissions to the Hearing and the applicant were offered the opportunity to question one another after the submission by the prescribed body was completed.

Fionnuala Duffy, Head of Acute Hospital Policy Unit, Department of Health

The contents of the submission to the Hearing by the above can be summarised as follows:

- Was in attendance for the applicant's submission in Module 1.
- Nothing further to add to their previous submission.
- The Department fully supports and endorses the application.

Doireann Ní Cheallaigh, An Taisce

The contents of the submission to the Hearing by the above can be summarised as follows:

- An Taisce recommend that four key considerations be explored and taken into account: accessibility & parking; expansion for medical related uses; interface with the surrounding environment, and existing services.
- ABP should adopt a long-term perspective and avoid a myopic analysis of the issues raised.
- The Board should consider the degree and nature of traffic generation.
- Overall integration with the character of the local area is an important consideration.
- A rigorous assessment of the existing services of the site should be carried out.
- Regard must be had to whether any accountability issues are appropriately mitigated.

Module 4: The Observers

The observers making submissions to the Hearing and the applicant were offered the opportunity to question one another after each submission by the observers was completed.

Marian Carroll, CEO, Ronald McDonald House Charity

The contents of the submission to the Hearing by the above can be summarised as follows:

- The Ronald McDonald House provides accommodation and a caring and supportive environment for families whose children are seriously ill and are hospitalised or undergoing treatment at Crumlin.
- The observer gives the background and history to the charity and its work globally and in Ireland.
- Refers to a Ronald McDonald House proposal at the NCH i.e. the FAU.

Mary O'Connor, former CEO Children in Hospital Ireland (CHI)

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is former CEO of Children in Hospital Ireland, tells the Hearing that she has also been asked to represent that organisation at the Hearing.
- Gives her relevant professional background and involvement with Children In Hospital Ireland.
- Outlines the activities of the organisation in bringing about changes in the delivery of healthcare to sick children.
- The current proposal before the Board is greatly welcomed by CHI.
- CHI is an independent organisation, not affiliated with any hospital or illness or condition support group.

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- Outlines the difficulties experienced by children and their families accessing services in the existing hospitals.
 - States that the existing intolerable situations are why children and their families need the NCH now.
 - Welcomes the plan to have the proposed satellites open in advance of the opening of the NCH.

Catherine Byrne TD

The contents of the submission to the Hearing by the above can be summarised as follows:

- Gives her political background and involvement in the area as a public representative.
- Talks of her own personal family experience in relation to child healthcare matters.
- Outlines the need for the new hospital
- Describes conditions in Crumlin hospital, staff are excellent, the problem is the structure/physical condition of the hospital, Crumlin hospital is no longer adequate.
- Is very satisfied with the NCH proposals.
- Very supportive of the proposed location.
- Excellent design.
- Supports it as a public representative, as a resident of the area, as a parent, and as a grandparent
- Is aware of residents' concerns, refers to concerns relating to subsidence and drainage, states that these are historic problems, there is now an opportunity through the proposed development to address these problems.
- Aware of concerns relating to impact on neighbouring residential properties and traffic matters.
- Priority should be given to local residents to work with the applicant to address their concerns.
- Refers to Luas and bus services.
- Acknowledges concerns raised by observers in relation to overlooking and flooding problems along Faulkner Terrace.
- Tells the Hearing that the NCH desperately needed.
- Important employer to the local area.

Prof Alf Nicholson & Prof John Murphy, National Clinical Programme for Paediatrics and Neonatology

The contents of the submission to the Hearing by the above can be summarised as follows:

- Prof Nicholson provides an overview of the Clinical Lead Programmes in Paediatrics and Neonatology.
- Prof Nicholson speaks on his own behalf and on behalf of Dr John Murphy.
- Refers to an agreed Model of Care which was finalised in December 2015 and the background work that went into preparing that Model of Care.
- Describes the NCH as a once in a lifetime opportunity.

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- Tells the Hearing of the visits, meetings and consultations countrywide in relation to the preparation of the Model of Care.
 - Describes the 'hub and spoke' model of care.
 - Explains the thinking behind the co-location proposal.
 - Refers to the guiding principles and key components.
 - Submits 'A National Model of Care for Paediatric Healthcare Services in Ireland' (dated December 2015) and 'Model of Care for Neonatal Services in Ireland' (dated November 2015).

Dr Ciara Martin, Consultant in Emergency Medicine

The contents of the submission to the Hearing by the above can be summarised as follows:

- Supports the proposed development.
- Outlines her professional background and experience to the Hearing.
- She is a senior clinician, teacher and strategic manager in paediatric care locally and nationally.
- She is clinical lead for Paediatric Emergency Medicine on the NCH project.
- Refers to some concerns raised by observers and seeks to respond to those concerns.
- Focuses on the Urgent Care being proposed across the 3 hospitals (i.e. the two satellites and the NCH).

Louis Roden, Chairman New Crumlin Hospital Group

The contents of the submission to the Hearing by the above can be summarised as follows:

- Supports the proposed development.
- Outlines the background to the group.
- Set up in 2002 to lobby for a new hospital.
- He is also a parent of child who uses Crumlin hospital.
- Expresses frustration with the delays in delivering a new hospital.
- Holds that the child often seems to be the last person in the equation.
- Very important for the project to go forward.
- Concerned that if it gets refused again it will set it back for many more years.
- Frustrated with the debating and disagreements over sites, parking etc.
- Project has to be achieved once and for all.
- Begs ABP to get the project to fruition.
- Outlines the poor facilities for children in Crumlin, it needs to be replaced now.
- The NCH is for the children, not the Hospital Board, not the consultants, it's for the end user of the facility.
- Concludes with a plea: "*get on and build it now, we need it now*".

Prof Martin J. White, Consultant Neonatologist, Chair of the Neonatal Clinical Advisory Group

The contents of the submission to the Hearing by the above can be summarised as follows:

- Joint submission with Jan Franta.
- Outlines his professional background and experience to the Hearing.
- Explains the function of the Clinical Advisory Group.
- Highlights the reasons as to why the CAG supports the proposed development.

Jan Franta, Consultant Neonatologist, Clinical Lead of the National Neonatal Transport Programme

The contents of the submission to the Hearing by the above can be summarised as follows:

- Joint submission with Prof Martin J. White.
- Specialises in Paediatrics and Neonatology, and Neonatology Transport.
- He is a core member of the National Retrieval Steering Committee, National Transport Operations Committee and co-chair of the Neonatal-Paediatric Specialist Transport Group.
- Addresses the Hearing in relation to comments made to the Board concerning neonatal transport.
- He is in favour of co-locating a maternity unit with the new NCH in the future, but states that it should not delay the building of a new, bigger NCH with additional ICU beds capacity, as this is needed now.

Dr Raymond Barry, Consultant Paediatrician at Mercy University Hospital, Cork

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines his professional background and experience to the Hearing.
- Gives the background to the Faculty of Paediatrics within the Royal College of Physicians of Ireland.
- Gives the background to the Clinical Advisory Group in Paediatrics, RCPI, and his involvement with same.
- Outlines the support for the proposed NCH at SJH.
- Tells the Hearing that the Board of the Faculty of Paediatrics and the Clinical Advisory Group in Paediatrics, RCPI, overwhelmingly support the proposed development.

2.5 Day 5 - 8th December 2015

Dr Fin Breatnach, for The New Children's Hospital Alliance

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.
- The group opposed the proposal at the Mater site, the witness is disappointed but not surprised to find himself once more

highlighting many of the same significant concerns in relation to the current proposal.

- The group is an alliance of Health Professionals, parents, grandparents, former child patients and other interested persons from all over Ireland.
- He is surprised to find that he is the only doctor who worked full time in a tertiary care service to attend and speak at the Hearing.
- Provides a history of the development of Dublin's children's hospitals.
- Provides an overview of the how the choice of hospital location evolved over the years.
- Cites the first four assessment criteria as listed in the McKinsey Report.
- The one collocation which will result in lives being saved, that of the NCH with a maternity hospital, is being jeopardised by the blind perseverance with this deeply flawed site.
- States that many of the current children's hospitals being developed or planned, will stand alone e.g. Melbourne and Alder Hey.
- It is essential that ABP recognises that this hospital will not just serve the needs of Dublin children.
- It will be the only tertiary facility for all the children of Ireland and, whilst the number of children with problems requiring tertiary care are relatively small, the workload generated by these very ill children is enormous.
- Inadequate parking on site will have an inordinately negative impact on the most vulnerable tertiary patients.
- Cites examples of standalone children's hospitals on large open sites.
- Describes the SJH site as a cramped city centre location missing an essential ingredient – space.
- Outlines the need to ensure maternity collocation.
- Collocation with a physically linked maternity hospital is non-negotiable.
- Addresses matters pertaining to collocation with an adult hospital.
- Highlights problems with the current proposal.
- Compares and contrasts parking provision proposed at the NCH with other children's hospitals.
- Serious concerns about the possibility of future expansion on this constrained site.
- States that there is no scientific evidence to support the claim that clinical outcomes for children will be improved if the NCH is collocated with an adult hospital.
- Takes issue with a number of points made by Dr Curtis for the applicant.
- Submits a copy of *'Transportation Accessibility Issues and the Location of a National Facility: The case of a new paediatric hospital to serve the Republic of Ireland'*.

RoseMary Dwyer, for The New Children's Hospital Alliance

The contents of the submission to the Hearing by the above can be summarised as follows:

- The witness is a Pharmaceutical Technician and has worked in a number of hospitals for 26 years.
- The presentation has three parts:
 - Her experience as a mother whose children have been cared for in The Coombe and also in Crumlin.
 - Her experience and observations as an allied healthcare professional.
 - Presentation of the results of a staff survey conducted by The New Children's Hospital Alliance over a few weeks at the end of October 2015.
- Vitally important to have the expertise of the maternity and paediatric hospitals together in one location.
- Witness advocates for a large, greenfield site with less obstacles to planning in decanting which will lead to a faster construction time, she makes specific reference to the Connolly campus in Blanchardstown.
- Presents the results of a survey in relation to the proposed development to the Hearing, the submissions includes responses to specific questions and also some 102 comments left by those survey respondents.

Mr Fitzsimons SC for the applicant objects to the consideration of the observer's survey by ABP. He notes that it was completed in October but only submitted now to the Hearing. He holds that it is unscientific on a number of grounds. In particular, he holds that the questions in the survey are leading in their wording and requests that, if ABP is to consider this survey, that it should be treated with the utmost of caution. The Inspector still allowed the submission of the survey and allowed the applicant to respond at a later stage if they so wished. He also informed the Hearing that the Board will be notified of the applicant's objection to the submission of the survey, the Board is so notified.

Carol Ormon, Paediatric Clinical Psychologist, for The New Children's Hospital Alliance

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing her qualifications and experience.
- Extensive experience in working with children with cancer and neurological problems, life-threatening illnesses, dying children and their siblings, pain management, feeding problems, autistic spectrum disorders, multi-disciplinary work.
- The SJH site presents insurmountable problems.
- These problems will raise stress levels for families and staff.
- Stress will also rise due to the inadequate parking allowed for families and staff.

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- Many staff members live outside Dublin in neighbouring counties and have no alternative to driving to work.
 - The proven healing, stress-reducing qualities of a park-like or pastoral hospital setting on a larger, more open site can never be provided at the SJH site.
 - Psychologists working in the NCH will no longer have their own room, the witness raises problems with proposed 'hot desking' in relation to their work with stressed children and families.
 - Allied healthcare professional staff feel they have been bullied and harassed to get them to accept this new business model.
 - The lack of privacy for speaking confidentially with a parent by phone is totally unacceptable.
 - 'Hot desking' and anodyne therapy rooms will make it impossible for psychologists to work effectively and efficiently.
 - Connolly campus is a very attractive alternative, combining adult, maternity (with the transfer of the Rotunda) and paediatrics all on one site with easy access from the M50, and the possibility of growth and expansion while also providing a peaceful and restful outdoor environment.

Rachel Lavin, for The New Children's Hospital Alliance

The contents of the submission to the Hearing by the above can be summarised as follows:

- Youth Ambassador for The New Children's Hospital Alliance.
- Outlines her experiences when she was a child dealing with cancer.
- She speaks on behalf of those who will be directly affected by the Board's decision: sick children, their parents and families.
- The application has been hijacked by others.
- This is the biggest planning decision of the State and a decision on which the gravity must not be taken for granted.
- The lives and welfare of generations to come are at stake.
- Highlights the impact of hospital conditions on childhood illness.
- She is a former childhood patient in Crumlin, a current adult patient in SJH and The Coombe, and a resident in Mount Brown.
- Highlights the importance of access by car.
- Highlights the importance of parking for parents caring for sick children.
- Highlights the importance of access to this national facility.
- Highlights the importance for emergency access for patients.
- Highlights why public transport is not the solution.
- SJH itself has a strong need for expansion.
- The NCH will end up fighting for space and resources with the adult hospital, let alone leaving any space for the maternity hospital proposed.
- Raises concerns about the operation of the NCH while the surrounding area is being developed for other healthcare facilities.
- Raises concerns in relation to the proposed helipad.
- Highlights why SJH campus is the wrong site.

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- Of all the hospital sites, Connolly fulfils the needs of parents and sick children as well as staff more than any other.

Hearing reverts to Module 3:

Dr Fredrick O'Dwyer, The Development Applications Unit, Dept. of Arts, Heritage & the Gaeltacht

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is a Senior Architectural Adviser with Dept. of Arts, Heritage and the Gaeltacht.
- Outlines his professional qualifications to the Hearing.
- Reads the previous submission in relation to architectural heritage protection into the record of the Hearing.
- Refers to the chapel being on the NIAH. States what the status of the chapel currently is with regards to the NIAH.
- No Ministerial recommendations have been issued for south Dublin as of yet.
- Tells the Hearing that the Department's recommendation as previously submitted to ABP still stands.
- The Department has no objection to the demolition of the chapel, subject to condition.
- Cites section 6.7.6 of the Architectural Heritage Protection Guidelines in relation to architectural salvage.
- Notes that the proposed NCH is a national infrastructure project and it is within that context that the recommendation is made in relation to the chapel.

Hearing continues with Module 4 and the submission by The New Children's Hospital Alliance.

Dr Roisin Healy, for The New Children's Hospital Alliance

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing her qualifications and experience.
- Raises concerns about the proposed size (floor area) of the CRIC, holds that it is totally inadequate.
- Notes that Trinity College has not issued a letter of consent in the application to ABP.
- Refers to the chapel on site and outlines the cultural heritage pertaining to the former workhouse and the evolution of healthcare on the holding.
- It is imperative to look at Connolly as an alternative, on a clinical, planning and cost basis.
- The New Children's Hospital Alliance and most doctors do not know who gave medical advice to the Cabinet in relation to site selection, it should be made public.
- Raises concerns in relation to communications and engagement, finds it less than satisfactory.

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- Issues raised pertaining to: incident planning; trauma centre, and land and air access.
 - The witness tells the Hearing that she has never seen a reason for having an adult emergency department adjacent to a paediatric emergency department where each department is large enough to be self-contained as is the case in St. James's.
 - Raises concerns about the proposed location of the children's emergency department.
 - Questions certain aspects of the proposed Urgent Care centres.
 - The allocation of space for education is extremely limited.

Mr Fitzsimons SC for the applicant makes a submission in response to some specific issues raised in The New Children's Hospital Alliance submission. In response to the observer's reference to the document titled 'Transportation Accessibility Issues and the Location of a National Facility: The case of a new paediatric hospital to serve the Republic of Ireland' (by Murphy and Killen) the applicant submits two documents, one titled 'Reflections on the science and art of using a GIS to locate a new children's hospital in Ireland' (by Frank Houghton) and the second titled 'Reflections on the science and art of using a GIS to locate a new national children's hospital in Ireland: Comments on Houghton' (by Murphy and Killen), the applicant specifically draws the Board's attention to para. 2 on page 3 of that latter document. The applicant also submits a "short interim response" to the observer's submitted survey and a letter from the Director of Estates and Facilities of TCD in relation to the matter concerning consent to the making of the application on lands that TCD have interests in as raised by the observer.

Dr James M Sheehan

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.
- The observer is a surgeon (retired) and an engineer.
- Has a mixed background in both medicine and engineering.
- He has developed 3 private hospitals in Ireland.
- Concurs with submissions made by some of the witnesses for The New Children's Hospital Alliance.
- Considers the choice of the proposed site at SJH as 'utter madness'.
- The SJH is the wrong site.
- Makes his submissions as a concerned citizen.
- Concerns relate to restricted space.
- SJH site is already overcrowded, so much needs to be decamped.
- It is landlocked for the future.
- It should be on a greenfield site.
- All bedrooms should be facing southwest, this is possible on a greenfield site but not at SJH.

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- Does not think a maternity hospital can be accommodated along with the NCH at the SJH site in the future.
 - Refers to Connolly hospital site as a much better option.
 - SJH site is the worst possible situation in which to build a children's hospital.
 - Highlights the problems experienced in developing his 3 hospitals in Ireland, refers, in particular, to parking demand.
 - Questions whether any member of the Cabinet visited the site before they made their decision in relation to the NCH location.
 - Is not convinced that the proposed roof gardens could survive.
 - NCH at SJH is starting at a disastrous situation with regards to parking, parking proposed is insufficient.
 - The NCH could be built in a much shorter period at Connolly than at the SJH site.
 - Recruitment at SJH is already a problem, this will be aggravated highly by loss of parking for the nursing staff.
 - Questions the need to collocate with an adult's hospital.
 - Major problem with expansion restrictions at the SJH site, recipe for an unmitigated disaster.
 - Gives experience regarding the need to expand Blackrock Clinic and Galway Clinic.
 - Changing technologies will result in demand for expansion, these can't be anticipated at this time.
 - Questions whether new modalities can be placed in an existing shell.

Eamonn Prenter, Cunnane Stratton Reynolds, for Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines the proposed order of evidence and witnesses on behalf of the Jack and Jill Foundation.
- Provides an opening statement.
- Refers to the original submission on file made to the Board.
- Concerned with the adequacy of the current proposal to meet the needs of children now and into the future.
- The observer will fully respect ABP's decision whatever that may be.
- The Inspector should divest himself of a number of issues: the time and money spent on the application thus far and the previous application, and political pressure placed on all given the nature of the proposed development.
- Application must be decided on planning merits.
- Refers to theory versus practice.
- Notes that DCC report to the Board is silent on a number of issues.
- Refers to concerns pertaining to plot ratio and site coverage.
- The Jack and Jill Foundation are not promoting any other site as such.

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- Will focus on the planning and technical merits of this proposal and in this time.
 - Key impact within the EIS have been identified by the observer which will be focused on.
 - The observer will provide a forensic response.
 - Holds that the applicant's forensic approach is deficient.
 - Provides an overview of concerns they intend to present to the Hearing in their following submissions.

2.6 Day 6 - 9th December 2015

At the start of Day 6 the submission by the Jack and Jill Foundation was suspended to facilitate a submission by the Tallaght Hospital Action Group.

Richie O'Reilly, for the Tallaght Hospital Action Group

The contents of the submission to the Hearing by the above can be summarised as follows:

- Raises concerns about access and car parking.
- Raises concerns that the proposed satellite centres will be bypassed and parents with their sick children will go straight to the NCH at SJH.
- Raises concerns in relation to staffing matters.
- Concerned that inpatient beds will close in the existing hospitals before the NCH is operational.
- Lack of expansion potential for the NCH.
- Disputes that Connolly hospital should be the chosen site if the current application fails.
- Concerned that there will be a shortfall in funding for the Tallaght campus.
- The full cost of moving adult services around the campus to accommodate the satellite centre must be addressed.
- Disputes that the group were 'consulted' with respect on the application.
- The witness states that he has heard all of the arguments before at the Mater application Hearing.
- It was never the job of the applicant to pick the best site for the NCH and it is essential to keep that in mind.

Following the above submission on behalf of the Tallaght Hospital Action Group the Hearing reverts back to, and continues with, the submission on behalf of the Jack and Jill Foundation.

Ciaran McKeon, Transport Insights, for the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.
- The witness is a Civil Engineer with over 17 years traffic and transport sector experience in Ireland.

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- The evidence presented is in relation to traffic, transport and parking related aspects of the proposed development.
 - Holds that the applicant's transport strategy underpinning the proposed development is deficient and lists specific concerns.
 - Highlights key transport considerations that should be considered by ABP.
 - Describes the site and its receiving environment in the context of traffic and transportation matters.
 - Assesses the applicant's transport strategy for the proposal.
 - Holds that the applicant's Smarter Travel Programme contains highly ambitious targets for staff car use reductions.
 - Raises concerns in relation to the Luas park and ride capacity.
 - Refers to: the proposed €500 car parking permit charge for staff; shift workers' issues, and staff relocating from the existing 3 children's hospitals.
 - Proposed staff modal shift away from the car appears unprecedented in either Irish or international contexts.
 - The applicant has provided no credible evidence in support of the assumptions in relation to the patient/visitor access and car parking.
 - Traffic or over-spill parking impacts have not been assessed by the applicant.
 - Raises questions in relation to the applicant's transport assessment.
 - Raises questions in relation to the traffic modelling software application used by the applicant.
 - It is apparent that the proposed development's traffic generation rates have been substantially underestimated.
 - The applicant's determination that the proposal will have a 'minimal' traffic impact has no basis.
 - Raises concerns about a number of aspects in relation to public transport impacts.
 - Holds that consultation with the RPA is not considered an appropriate substitute for a capacity analysis on the public transport network.
 - The development will lead impact on Dublin Bus service operations in the area.
 - Highlights a number of impacts arising from the parking proposals.
 - Highlights a number of traffic and transport impacts arising at the construction stage.
 - Raises concerns in relation to emergency access and the proposed Mount Brown access.

Diarmuid Keaney, ICAN Acoustics – Noise and Vibration Consultants, for the Jack and Jill Foundation.

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.

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- Holds that the applicant has been very selective in the use of assessment criteria and has not adequately assessed construction or operational noise and vibration.
 - The applicant's EIS neglects to adequately assess the impact of construction noise on existing adjacent residential properties and at the existing SJH buildings.
 - The EIS neglects to cite BS5228 in relation to long-term construction projects which may include the temporary re-housing of residents.
 - Limiting levels for noise and vibration set out in the EIS have been adopted without question into the projects outline construction management plan.
 - The EIS fails to set out the exact location of hospital vibration sensitive equipment at SJH which would be an essential part of any construction management plan.
 - No construction vibration calculations have been provided in the EIS showing how vibration levels were determined for SJH or at any residential properties.
 - There has been a gross underestimation of the duration of an actual medivac event and the predictions do not include noise generated by a medivac helicopter which will run on the helipad for extended periods.
 - The EIS makes no attempt to predict the likely impact of helicopter noise from larger/heavier aircraft in line with the helipad capabilities.
 - The applicant has been selective in the use of certain elements of the relevant guidance documents in support of the application.
 - A review of the submissions by Dr S. Smyth and B. Thurber for the applicant are presented to the Hearing.

Richard Butler, Cunnane Stratton Reynolds, for the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.
- The witness is a Landscape Architect and Town Planner.
- Submission relates to landscape and visual impacts and related matters.
- He comments on the plot ratio, site coverage and building height.
- Refers to the proposed open space provision.
- Refers to the proposed void surrounding the building.
- Comments on the landscape/townscape and visual impact assessment.
- Refers to the visual impact in relation to: the Royal Hospital Kilmainham, Ceannt Fort; Cameron Square, and the SCR.

Dr Fin Breatnach of The New Children's Hospital Alliance hands in an email from M. T. Longaker, MD, MBA, FACS in relation to matters discussed in Day 5 of the Hearing.

2.7 Day 7 - 10th December 2015

Dr Imelda Shanahan, for the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines her professional background and experience to the Hearing.
- Founder and Managing Director of TMS Environment Ltd.
- Degree in Chemistry and Doctorate in Physical Chemistry, specialises in atmospheric chemistry and physics.
- Provides an Air Quality consultancy.
- The witness has carried out an assessment of the air quality of the proposed NCH and Maternity Hospital.
- Refers the Hearing to her 'Air Quality Impact Assessment Report October 2015' previously submitted to the Board.
- Has carried out a review of the applicant's reports submitted in the EIS and at the Hearing.
- Concerns raised about information contained in, and also missing from, the EIS.
- Concerns raised about methodologies adopted, and deficiencies in the methodologies adopted.
- The witness is concerned that the air quality impact of the proposal is unacceptable and presents a serious and unacceptable risk to the sick children that the proposed development is intended to care for.
- The modelling impact assessment carried out by the witness has led to significantly higher predicted air quality impacts than those presented in the EIS.
- There is insufficient assimilative capacity in the proposed city centre location to ensure that air quality standards are not exceeded as a result of the very significant emissions that will be released from the Energy Centre for the combined activities on the site.
- Air quality standards will be exceeded as a result of the emissions.
- The centre location is not a suitable location for the proposed development.
- Areas removed from the city centre with lower baseline air pollutant concentrations would have greater assimilative capacity and would be more suitable from air quality impact considerations than the proposed city centre location.

Jonathan Irwin, co-founder of the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Gives the background to the founding of the Foundation and its activities.
- The proposed NCH location is on a cramped campus.
- Raises concerns in relation to car access to the site and parking.
- Refers to traffic congestion already existing in the area.

-
- In the case of the site choice of SJH location, there is a certain 'shyness' of its origins.
 - It was without doubt a political decision.
 - It was not the choice of the Dolphin Report.
 - Refers to the loss of trees, the chapel and Garden Hill house to facilitate the development.
 - The Foundation was omitted from the consultation process.
 - This project is not primarily about sick children, it is about the vanities of adults.
 - The Foundation has cared for just under 2000 families but not one was interviewed by the applicant.
 - Serious access, parking, traffic and serious security issues remain.
 - This is not the perfect holistic site for children.
 - Concerns raised about the proposed open space provision.
 - Concerns raised about the campus being able to accommodate the proposed Coombe relocation.

Keith Kissane, for the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Seeks to give the Hearing an insight of his, and his family's, experience of having to attend a Dublin city centre hospital when travelling from the west of Ireland and how it affects both the child and the child's family.
- Time is everything to families of sick children.
- 20 years has been squandered on this project to date.
- A greenfield site would have been better from a design aspect, a construction aspect and a financial implementation aspect.
- The experience of visiting a Dublin city centre hospital is not without a lot of additional stresses.
- Refers to the stress experienced trying to access an existing city centre hospital.
- Refers to anti-social behaviour at an existing city centre hospital site.
- SJH site is not fit for the absolute inevitability of future expansion that will be needed.
- Treating a child for illness in a building is not just what it's all about, getting there and getting back is equally part of the healing process.
- The entire surroundings, both internally and externally, play huge factors in the healing process.
- A hospital on a greenfield site on the outer limits of the city is what is required to serve the nation as a whole.
- Emphasises the need for a shortened journey time.

Joanne Doyle, for the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines her professional background and experience to the Hearing.

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- The witness has been a nurse for over 25 years.
 - Has been working as a specialised children's nurse for the Foundation for almost 11 years.
 - Her 11 year old son is a service user of the Children's Hospital in Crumlin.
 - Tells the Hearing the biggest concerns of families is access, parking, traffic, and longer car journeys with very fragile children.
 - Raises concerns about staff working unsociable hours getting to and from work.
 - Concerns raised about maintaining staff in such conditions.
 - No room for growth and expansion into the future.

Dr. Roisin Healy for Ciara Gallagher, New Children's Hospital Alliance

The contents of the submission to the Hearing by the above can be summarised as follows:

- Dr Healy reads into the record of the Hearing a submission from Ciara Gallagher on behalf of the New Children's Hospital Alliance.
- She is a member of the NCHA executive, she is a primary school teacher and lives in north Donegal.
- Outlines her experiences accessing child healthcare services in Dublin with her son.
- This is a 'National' Children's Hospital.
- Concerns raised in relation to access to the hospital.
- Concerns raised in relation to car parking proposals.
- No parent accommodation within the ICU.
- Raises concerns about the proposed outdoor space provision.
- Refers to the text of the Charter of the European Association for Children in Hospital.

Eamonn Prenter, Cunnane Stratton Reynolds, for the Jack and Jill Foundation

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines his professional background and experience to the Hearing.
- The observer has not promoted any alternative site.
- The witnesses primary planning based concerns relate to: excessive height; overdevelopment/site cramming; negative traffic & transport impact; negative noise & vibration impact; negative air quality impact; piecemeal development, and premature development.
- The statutory notice is misleading.
- Lack of detailed floorspace figures.
- No masterplan submitted.
- Consideration of alternative sites not carried out sufficiently in a robust manner.
- Questions the status of the draft Capacity Study.
- No expansion space has been allocated for either the FAU or CRIC.

-
- The location is unsuitable from an environmental perspective and in terms of specific development control measures.
 - The area is already prone to traffic congestion.
 - Raises a number of issues in relation to consideration of alternatives.
 - Concerns raised in relation to height.
 - Considerations submitted in relation to plot ratio and site coverage.

Michael Hughes, Merit Consulting, for the Jack and Jill Foundation

The contents of the above submission can be summarised as follows:

- Mr E. Prenter, CSR for Jack and Jill submitted a document from the above (dated 08 December) to the Hearing, the document was made available to the parties at the Hearing, its contents were not read into the record.
- Document outlines the qualifications and experience of Michael Hughes, Director of Merit Consulting.
- Submission relates to the applicant's response given at the Hearing to the previous submissions by Merit Consulting in relation to foul drainage, surface water drainage, water supply and flood risk assessment issues.

Tom Newton, Transport Officer for the Association of Combined Residents' Associations

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines the Association's Transport Plan for Dublin for three orbitals for bus, rail and Luas known as the O3 Transport Orbital Plan.
- This O3 plan facilitates public transport and vehicle access into the NCH no matter what site it is built on.
- Peamount was their first choice for the NCH followed by Blanchardstown as both had enough of land.
- Outlines a possible solution for vehicle access from the M50 to the SJH site.
- Building a major hospital of this size without easy access would be leaving the project short.
- The car is a vital part of society, an essential form of transport for all particularly for the elderly, people with a disability and sick children.

2.8 Day 8 - 11th December 2015

Oisín Ó hAlmhain, Green Party

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is a local resident, a parent of small children, former patient of both Crumlin and St. James's, and Green Party representative in this part of Dublin.
- He is a hospital pharmacist.

- As an environmentalist he fully supports locating the NCH on a brownfield city centre site, close to public transport.
- However, the observer has grave reservations about the design in terms of scale and size, the manner in which public consultation was not carried out, and issues of traffic, transport and road management around the site.
- It is the wrong fit for this location (SJH).
- Wrong site for the children who will be using the services.
- Questions that if NCH is to be the centre of excellence for the country, should there be an emergency department at all.
- Raises a number of issues in relation to transport and access.

Brian Murphy for St. John Bosco Youth Centre and Peter Burke for Drimnagh Residents Association (joint submission)

The contents of the submission to the Hearing by the above can be summarised as follows:

- Need for a drastic and comprehensive traffic management initiative to address the traffic related issues that will occur both during and after construction.
- A plan to substantially improve road based access routes needs to be in place.
- The usage of the depot at Davitt Road should have restrictions put in place in relation to hours of usage, types of usage and allowed traffic levels.

Cllrs. Tina McVeigh for herself and Cllr. Brid Smith

The contents of the submission to the Hearing by the above can be summarised as follows:

- They do not believe that SJH site is the ideal location.
- Development too big for the location, character and scale of the area.
- Enormous impact on the residential amenity of the area.
- Heritage impact concerns expressed.
- Traffic impacts.
- Capacity of campus to accommodate the proposal and allow for the adult hospital to expand.
- Makes a number of points in relation to 'community gain'.
- Highlights her experience in relation to the Fatima regeneration project.
- Requests that the Board condition the establishment of a Community Construction Liaison Committee.
- Proposals made in relation to direct material gain.
- Requests that a number of conditions be applied.

Ceannt Fort Residents' Association, Jean Early and John Lane, St. James's Concerned Residents, joint submission presented by Jean Early and John Lane

The contents of the submission to the Hearing by the above can be summarised as follows:

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- Ms Early is a resident of the area and a qualified architect.
 - Overdevelopment of the SJH site.
 - Satellite centre should be located at SJH and the NCH located at Connolly greenfield site.
 - Questions the validity of the application on a number of procedural matters.
 - Raises a number of traffic related issues.
 - Concerns raised about the proposed new entrance at Mount Brown.
 - Issues raised in relation to the proposed height, site coverage, plot ratio, open space provision, site expansion, and number of building entrances proposed.
 - Concerns raised about the number of bed spaces proposed.
 - Concerns raised in relation to car parking provision.
 - Cites the Dolphin Report in relation to site selection.
 - Matters pertaining to architectural heritage are raised in relation to Garden Hill.
 - Questions raised in relation to the proposed FAU.
 - Heritage issues raised in relation to the site's association with the 1916 Rising.
 - Criticises the consultation process.
 - Issues raised in relation to community gain.

Nigel Buchalter for himself and McDowell Avenue Residents, joint submission

The contents of the submission to the Hearing by the above can be summarised as follows:

- Raises a number of concerns in relation to the construction of the CRIC building.
- Matters pertaining to microclimate, daylight impact, sunlight impact and overshadowing raised.
- Concerns raised in relation to noise and vibration impacts.
- Concerns raised about the proposed storage area adjacent the shared boundary wall.
- Criticises the consultation process.
- Comments on the community gain.
- Construction stage traffic impacts are of concern.
- Concerns raised in relation to settlement and damage to property.
- Noise impact concerns.
- Air pollution arising from construction activities.
- Vermin infestation.
- General loss of conviviality.
- Harm from dust generated: asthma, histoplasmosis and silicosis risk.
- Refers to Connolly hospital greenfield site as a better option.

A document was submitted to the Hearing from Dr. Imelda Shanahan who appeared for the Jack and Jill Foundation the previous day (10th December 2015). The document contained corrections of a legend

previously submitted and clarifications following questions from the applicant. It was made available to the other parties at the Hearing.

George Ray for George & Rita Ray, Joe & Mary McGuinness, Joe & Brenda Meehan, all of O'Reilly Avenue, Ceannt Fort, Mount Brown, D.8

The contents of the submission to the Hearing by the above can be summarised as follows:

- Inaccurate development description in relation to the height.
- Impact on natural light to houses along O'Reilly Avenue.
- Overlooking of houses, invasion of privacy.
- Overshadowing of neighbouring property.
- Impact from proposed access road to the rear of houses along O'Reilly Avenue.
- Concerns raised in relation to potential subsidence.
- Proximity of proposed underground car park to the properties along O'Reilly Avenue.
- Inadequate car parking proposed with consequences for the surrounding area.
- Traffic in the area is already a major problem.
- Concerns raised in relation to proposed open space provision.
- Highlights why it is considered that Connolly hospital site is a better option for such a development.
- Impacts arising from disturbance of vermin during construction period.

Aengus O Snodaigh TD and Cllr Máire Devine

The contents of the submission to the Hearing by the above can be summarised as follows:

- Acknowledges that some issues previously raised have been addressed in a positive manner.
- Some problems still pertain, particularly around parking and traffic.
- Concerns raised in relation to potential light pollution.
- Questions design aspects of the proposed FAU.
- Concerns raised in relation to demolition works to facilitate the CRIC, the buildings and wall to be demolished have possible links to the 1916 Rising.
- Impact on privacy of dwellings along McDowell Avenue from the CRIC.
- Refers to concerns about heritage impact given the area's association with the 1916 Rising, refers to a local historian, Paul O'Brien, who has written extensively on this heritage, submits a copy of '*Uncommon Valour – 1916 & the Battle for the South Dublin Union*' by Mr O'Brien.
- Suggests the CRIC building should be located at the site of the Energy Centre.
- Suggests a name for the proposed NCH.
- Suggestions made in relation to road safety concerns, relating to the car park entrance and parking along the SCR.
- Concerned that targets set in relation to MMP will not be met.

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- Calls for more car parking provision.
 - Construction stage traffic impacts concerns raised.
 - Matters raised in relation to Davitt Road compound.
 - Restrictions sought in relation to construction stage working hours.
 - Reference is made to flooding along Mount Brown.
 - Matters pertaining to the proposed height raised.

Margaret Healy, Cameron Square, Dublin 8.

The contents of the submission to the Hearing by the above can be summarised as follows:

- Remains unconvinced of the suitability of the SJH site.
- Concerns relate to the size of the site and its suitability for sick children.
- The roads inside and outside SJH are already overloaded.
- Construction stage and operational phase traffic impact concerns raised.
- DCC should request the submission of a Construction Traffic Management Plan prior to commencement of any form of development.
- Refers to existing problems experienced in the surrounding residential areas from staff and visitors parking in those areas.
- Highlights concerns in relation to proposed car parking provision.
- Seeks a number of conditions if permission is to be granted in relation to noise and vibration, and construction working hours.
- A number of concerns are raised in relation to the helipad notwithstanding the applicant's submission to the Hearing on this matter.
- Concerns raised about adverse impacts arising from air pollution, drainage matters, subsidence and vermin.
- Still contends that the height, size and scale is not appropriate for the area.
- The applicant's response at the Hearing has not alleviated the observers concerns in relation to overshadowing and impacts on access to daylight and sunlight.
- The observer requests that the design of the FAU be changed to ensure that no overshadowing/loss of light is experienced by the neighbouring residents.
- Concerns raised about light spill, the observer takes issue with the applicant's response that the existing SJH a 'highly illuminated environment'.
- Raises concerns in relation to proposed works to, and extension of access to, the steps to the rear of Cameron Square.
- Seeking limits on the duration of the permission if granted.
- Requests that a Construction Monitoring Committee be established which includes members of the local community.
- Refusal of permission is sought.

Ciaran Mac An bhaird for Deidre Carroll, Cameron Square

The contents of the submission to the Hearing by the above can be summarised as follows:

- Notes that there a large number of elderly living in Cameron Square.
- Local infrastructure cannot support development of this nature.
- Queries the methodology of the traffic assessment.
- Brookfield Road cannot take this level of traffic.
- Refers to the proposed modal split for the private car, queries that such a modal split can be achieved.
- Refers to staff currently parking in Cameron Square.
- Refers to existing poor water pressure in the area.
- Proximity of No. 31 Cameron Square to the proposed development.
- Concerns raised about the height of both the NCH and FAU adjacent their home.
- Holds that this is not the right location for the NCH.
- Proximity of the proposed development to their home, queries the separation distances indicated on the submitted drawings.
- Requests the NCH be relocated back 10 m to give them relief.
- Overlooking of their property.
- Concerned that there will be an impact on access to sunlight arising from the development.
- Raises concerns about the proposed access road and impacts arising on residential property in Cameron Square (i.e. noise and pollution).
- Construction stage impacts arising from demolitions proposed, including concerns relating to asbestos.
- Concerned that there will be light pollution, holds that the site is not currently lit up at night time.
- Refers to proposed construction stage working hours.
- Queries who do residents go to in the case of non-compliance with conditions.
- Holds that they were not consulted, just presented with drawings.
- Very disappointed with the attitude of the applicant.
- Single storey extension to the observer's house is not shown on the applicant's drawings.

John Cassidy for himself and Elena Cassidy, SCR, Kilmainham

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is a parent and a resident of the SCR.
- Adopts the submission by the Jack and Jill Foundation.
- Does not accept that this is the ideal location.
- Fundamental transportation problems arising.
- NCH should be located out on the M50, accessible to all of the country.
- Queries the methodology employed in the traffic surveys.

Daniel Watkins for himself and Tanya Kenny, SCR

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observers' house will directly face the 'fingers' of the proposed development.
- The main functional rooms of their dwelling will face the proposed development.
- The impact will be negative.
- The issue of scale is fundamental.
- Loss of visual amenity from the overbearing nature of the development.
- Grave concerns also regarding issues of privacy and overlooking.
- The photomontages have a misleading perspective.
- The development should be set back a further 10 m.
- Changes sought to proposed balconies along the SCR façade.
- Concerns raised about the future site development.
- Concerns raised in relation to traffic impacts.
- The site is defined by its limitations.

Mary Kearney and Joe Ruane, SCR

The contents of the submission to the Hearing by the above can be summarised as follows:

- Highlights concerns in relation to the trip generation at the proposed Brookfield Road entrance.
- Clarification sought as to how low the helicopter will be on its descent to the proposed helipad and how safe will this area be for pedestrians.
- Construction stage vibration concerns arising from truck movements.
- Seeking the installation of a vibration monitor in their home for the duration of the construction phase.
- Concerns raised about the reduction of daylight and sunlight on their property.
- The observers are seeking an overshadowing analysis for their home.
- The observers still maintain that the proposed development is too close to their home given the size and mass of the proposed building.
- Requests made in relation to design matters of the proposed passageways.
- They request that the building be moved back by at least 5m from the existing boundary wall of SJH.
- Impact on the value of their home.
- Parking provision will not be adequate.
- The development is in the 'ideal' rather than 'pragmatic' space.
- They request that a satellite centre be placed at the SJH site and the NCH be placed in Blanchardstown.

Caroline Leaden for herself and Neil Donnellan and others, Mountshannon Road

The contents of the submission to the Hearing by the above can be summarised as follows:

- Unsuitable site due to location and size.
- Applicant's response to concerns inadequate.
- Issues raised in relation to traffic impacts, for both the construction and operational phases.
- Maintains her concerns in relation to proposed construction working hours.
- Challenges the applicant's submissions in relation to car parking.
- A proper assessment of the impact of the Maternity Hospital should have been carried out.
- The applicant's responses during the Hearing have done little to alter the observers' opinion.
- Refusal is urged.

Sean Cassidy and Mary Kearney for SCR, Kilmainham Residents Association

The contents of the submission to the Hearing by the above can be summarised as follows:

- The Association represents the section of the SCR from the Suir Rd. junction to the Rialto Bridge.
- This is one of the major access routes to the city, as well as being one of the oldest tree-lined boulevards left in the city.
- Refer to the area's association with the 1916 Rising.
- Their main concern relates to the impact from the development on their local amenity and on the health and welfare of the citizens of the surrounding localities.
- In relation to the construction phase they are very concerned with the length of the working day requested and stated duration for this project.
- HGVs and other traffic on their roads for 12 hours every day Monday to Friday and for 6 hours on Saturdays.
- Concerned with the level of lorries and materials to be moved through their roads.
- Concerned that there has been no response by the applicant to the concerns raised re: Aspergillus.
- Concerns raised in relation to dust nuisance.
- Concerned at the apparent removal of access from the SCR to the Luas line via the entrance at the north of the Luas line.
- Impact of truck movements on the tree roots along the SCR.
- It is essential that the trees are protected.
- Car parking for the operational stage is totally inadequate.
- The satellite unit proposed for Blanchardstown should be switched with the proposal for the SJH site.
- The draft site capacity as put forward for the SJH campus is staggering.
- The campus will be a building site for many years to come.

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- It is a significant overdevelopment of the campus (with the NCH, extended adult hospital and a maternity hospital), it will bring significant pressure to the infrastructure of the roads in this area.
 - The proposal will adversely impact on the amenity of the local residents due to significantly increased traffic levels and stress on parking for the local communities.

2.9 Day 9 - 14th December 2015

Marco Di Marzio, Brookfield Road

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is a resident of Brookfield Road.
- He is a pharmacist and a professional pianist, he gives music lessons in his home.
- He looks after a colony of cats that are in the area.
- Refers to existing traffic congestion in the area at peak times.
- Particular concerns raised in relation to the Rialto gate entrance.
- Concerned about impact on property value.
- Concerns raised in relation to impact of the proposed development on access to daylight and sunlight to his property.
- Privacy concerns raised also, refers to the proximity of the FAU to his property and the height of the NCH.
- His current view is of the sky and trees, a peaceful and tranquil environment, this will change with the FAU and the NCH.
- Concerns raised in relation to noise pollution for both the construction and operational stages.
- Concerned that the proposal will impact on his career as a music professional.
- Queries why didn't the Government take on board the advice given in the Dolphin Report.

John Raynor, Brookfield Road

The contents of the submission to the Hearing by the above can be summarised as follows:

- Adopts the submission to the Hearing by his neighbour, Marco Di Marzio.
- Consider the SJH site as a ludicrous choice for the NCH.
- Refers to traffic congestion at the entrance to SJH at peak times.
- Concerns raised about ambulance access, the congestion impedes ambulance access.
- Questions how the site was chosen for the location of the NCH.
- Refers to the Connolly hospital site as a better option with a direct route access off the M50.
- Comments that nobody is going to take a sick child on the Luas.

Dublin Swift Conservation Group, Helen Burke and Lynda Huxley

The contents of the submission to the Hearing by the above can be summarised as follows:

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- Highlights the problems facing the common swift population.
 - Outlines the reasons and rationale for the need to protect the swift population.
 - Gives examples of solutions.
 - Refers to the opportunity the proposed development offers in relation to swift protection.
 - Highlights the benefits/advantages of having a swift population present.

Heather Iland, O'Reilly Avenue

The contents of the submission to the Hearing by the above can be summarised as follows:

- Construction stage and operational stage traffic concerns raised.
- Notes that several hospitals were moved out of the city (Mercers, The Adelaide, The Meath and Harcourt Street).
- Hospitals are for the sick, for people who need rest and a stress-free environment, this is not what they will get from the SJH site.
- Concerns raised about the consultations with residents.
- The observer wants a conditioned survey of her property.
- With reference to construction stage impacts, the observer wants assurances that she will be compensated and rehomed temporarily if needed.
- Queries why the Coombe and John Player site was not looked at.

Michelle Forde, for The Extra Special Kids Group of Ireland.

The contents of the submission to the Hearing by the above can be summarised as follows:

- Gives the background to how parents came together to form the Facebook group 3 years ago.
- It has 160 members.
- It is a place where support and advice is provided, the parents all face journeys every day.
- The group are 100% opposed to the SJH site.
- Refers to: wrong location; poor access; insufficient parking; safety/security issues; no room for expansion, and waste of money.
- With reference to Connolly hospital site, they refer to: the right location; great access; unlimited parking; minimal safety/security issues; room for expansion, and value for money.
- Refers to a group survey through Survey Monkey with 100 responses.
- The group are parents to children with rare and complex needs, they need 24 hour care.
- The children have what medics call 'life limiting' or 'life threatening' conditions.
- The children would have an average of 126 hospital appointments at Dublin children's hospitals.
- The group want a NCH more than anybody.
- Only 15% of the group access children hospitals via public transport.

- 84% of the group's children live outside the M50.
- During the traffic build up, 33% of the group have had an emergency.
- 95% of the group surveyed believe lives will be lost approaching SJH because of people being stuck in traffic.
- Refers to hospital appointments and surgeries being missed due to patients being stuck in traffic.
- Parking and access at SJH described as a nightmare.
- A number of parents' access concerns are highlighted.
- Specific concerns in relation to parking are highlighted to the Hearing.
- The witness lists the various medical items that many parents have to travel with to hospital.
- 75% of the group that were surveyed feel the parking at the NCH site in SJH will be more difficult than the current children's hospitals.
- A number of security concerns as held by the group are listed.
- Describes difficulties experienced at an existing city centre hospital.
- Many of the group feel unsafe at the SJH site.
- Highlights concerns the group have in relation to lack of space to facilitate future expansion at the SJH site.
- Blanchardstown is the only place for the NCH.
- SJH site is wrong for the group's children, and for all Ireland's children.

Desmond Cox, Dufferin Avenue, SCR

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is fearful that, on the basis of the evidence before it regarding the likely significant or profound environmental impact that will inevitably arise, the Board will have no option but to refuse the proposed development as it did the proposed Mater development.
- The environmental impact of the proposed development on the SJH site will be profound, in terms of traffic, road safety and traffic hazard, both during the construction phase and its operational phase.
- Such environmental impact cannot be adequately mitigated.
- The wrong site was selected by the Government in 2012, without adequate consideration given to, what on the face of it, appear better alternatives from the perspective of proper planning and sustainable development, but which offer a similar, or certainly appropriate, opportunity for development of a high-quality tri-location model of healthcare.
- It does not appear that the project team had any scope to study any of the alternative sites to a level of analysis legally required.
- There is no transparency in how the original decision-making on the hospital site was undertaken.
- The observer has had no participation in such environmental decision-making, despite being a resident of this wider SCR area.

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- Noting the Government's decision regarding tri-location with a maternity hospital just a few weeks before the current application was made, the observer is concerned that, following the O'Grianna judgement which highlighted the statutory requirement for cumulative assessment of a project with other projects, and which reasonably can include other proposed or planned projects, the Board will have little option but to find the EIS deficient, or otherwise run a considerable risk of Judicial Review of its decision.
 - Refers to the 'process of decision-making' and 'the process of EIA'.
 - The public, and it appears the project team, were excluded from the most fundamental of decisions – the location of the site for the NCH.
 - Requests the Board, if it decides that the environmental impact of the proposed development on the SJH site is unacceptable, or that the EIS does not meet the statutory requirements for information to be contained in an EIS particularly with regard to consideration of alternatives or cumulative impact appraisal, rather than refusing the proposed development, it would request the applicant to provide further information in this regard.
 - This might require an alternative proposal for the Coombe site.

Peter Sweetman, for Peter Sweetman & Associates

The contents of the submission to the Hearing by the above can be summarised as follows:

- Adopts 95% of the submission to the Hearing by Desmond Cox.
- But does not support call for Further Information request, the application is fundamentally flawed, it is the wrong site, it should be refused.
- Government decision in relation to the choice of site should have been subject of SEA.
- Also refers to the O'Grianna judgement.
- Queries the traffic study relevant to the disposal of toxic waste.
- Questions how a distressed mother is directed to the NCH.
- Right-of-way through the site has been closed by a barrier, should have been part of this application.

Christine Priestly, Kerdiff Avenue, Naas, Co. Kildare

The contents of the submission to the Hearing by the above can be summarised as follows:

- Addressing the Hearing in a personal capacity, mother of 4 children, youngest of which passed away, much experience of hospital care.
- Queries the sustainability of the site in the context of the State's population projection.
- The applicant has not adequately demonstrated the expansion and extension capabilities of this site given those population projections.
- Questions what is the provision for expansion of car parking provision on site given proposals for a maternity hospital there and also given expected population growth.

Elizabeth O'Farrell

The contents of the submission to the Hearing by the above can be summarised as follows:

- Compliments the architecture of the NCH.
- But holds that the beautiful healing building needs to be placed in a more healing landscape.
- Such an alternative site would provide wide open space for traffic and helicopters alike.
- Refers to the benefits of placing the NCH in a healing open landscape.
- Describes the receiving environment in Dublin 8 and how it has changed over time.

Michael C Muldoon, Rhode Village, Tullamore, Co. Offaly

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer's interest in the NCH goes back to the Mater proposal.
- Concerns about the size of the site, it is a fraction of what is needed.
- A site five times the size of the SJH site is needed.
- Car parking for staff and facility-users is crucial.
- The discussion about walking and cycling is irrational.
- Car parking should be provided for all the hospital users.
- Submissions made in relation to the collocation with an adult hospital issue, questions the need for such collocation.
- The current proposal should be abandoned.
- Plan for a combined NCH/maternity hospital at Blanchardstown.

Claire Butler, for herself and Rialto Environmental Group

The contents of the submission to the Hearing by the above can be summarised as follows:

- Local resident, Chartered Engineer, and a parent.
- Development will have a major impact on their neighbourhood and community.
- Already serious issue with traffic, impacts on their ability to travel to and from their homes.
- Already insufficient car parking on the SJH campus, staff and visitors already park on their streets.
- On-street permit parking would be problematic for their community, restricted space on the streets would result in loss of on-street parking if spaces are to meet regulations.
- Seeking surveys of the streets and environmental improvements works.
- Measured topographical surveys of the surrounding areas should be carried out before and after the development, any damage done should be made good.

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- Pedestrian and cycle ways through the hospital should be maintained during the construction phase, locals use this existing route, it is more secure than other routes in the area.
 - Hoarding during construction phase should have regard to those using the public lands and paths adjacent the site, access and safety should be maintained during the construction period.
 - More cycle ways and more cycle infrastructure is required in the wider area.
 - Submission made in relation to a social clause.
 - Communications between the community and the applicant have been insufficient, these need to be improved.
 - ABP should improve their communications concerning Oral Hearings.

Dr Peter A Healy, Fortfield Avenue, Terenure

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer is a retired Consultant Anaesthetist with a long-term interest in the transport of acutely ill and trauma patients in need of emergency care by air.
- Focuses on the proposed helipad and raises a number of issues about this part of the proposed development.
- Refers to, *inter alia*, recent UK draft regulations concerning helicopter landing areas at hospitals.
- The report of the Dept. of Health Emergency Aeromedical Support Service Working Group of Nov. 2014 recommended a ground helipad for all future acute hospital developments, this was adopted by the Minister and the Dept. of Health.
- Submits a copy of the 'Report of the Emergency Aeromedical Support Service Working Group'.

Valerin O'Shea, Sandymount Avenue, Ballsbridge

The contents of the submission to the Hearing by the above can be summarised as follows:

- The observer sits on the Strategic Policy Committee for Planning and International Relations at DCC.
- The site selection process failed, the Government decision to locate the NCH at SJH site is flawed.
- The proposed height is a material contravention of the CDP.
- Raises concerns about the development description relating to 7, as opposed to 8, storeys.
- Refers to other applications that were refused extension of duration of permission on the grounds of height policy.
- Highlights the impact of the excessive scale of the development on conservation areas.
- Seriously queries the contention that the architecture is 'appropriate'.
- Concerns raised in relation to impact on the Royal Hospital Kilmainham.

- The development is non-compliant with the CDP open space requirements.
- The site proposes enormous difficulty in terms of capacity.
- The draft site capacity study was conducted at the eleventh hour.
- Refers to the contents of the Clear/Martin Report where it refers to preparation of a masterplan for the campus, this was never done.
- It is clearly evident, and just common sense, that the key collocation for a paediatric hospital is that of a maternity hospital.
- The applicant has not shown how this can possibly be achieved on the site.
- Raises a number of issues in relation to alternative site considerations.
- It is obvious that the NCH should be built on the Connolly hospital site and that the satellite proposed for Connolly should be built instead on the SJH site.

Applicant submits a written response to certain submissions made during the hearing, specifically on matters pertaining to air quality, nitrogen oxides and 1916 Rising heritage association.

2.10 Day 10 - 15th December 2015

Seamus Healy, Carinya, Ballincar, Sligo

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.
- A public servant with experience in health care.
- Lived on the SJH site for two years.
- Initially his interest in the application related to heritage of the site and the wider area.
- However, after the initial scan of the application, other concerns more pertinent to provision of healthcare of children took over and formed the substance of the submission to ABP.
- Concerns raised in relation to the car parking provision.
- The applicant's submission to the Hearing has failed to address the issues arising in relation to car parking.
- As regards provision of car parking spaces of the parent and child variety, there has been no response from the applicant.
- The possibility of an overflow suggests a knowing acceptance by the applicant that 1000 on-site car parking spaces is an inadequate provision.
- Refers to the spacing proposed between the structural columns in the basement area and the implications this has for parent and child car parking provision.
- Concerns raised in relation to proposed floor to ceiling clearance in the car park.
- The proposed plan has demonstrated the severe constraints on design possibilities created by the site.

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- These are not only for the NCH but also exist for all institutions on the whole SJH campus.
 - Into the future none of the institutions will be able to achieve its own individual potential.
 - No potential for lateral expansion.
 - Over loading the site will shortly come to be seen as a folly.

Dr Roisin Healy, for Christine and David Harmes, Luttrellstown Walk, Castleknock, Dublin 15

The contents of the submission to the Hearing by the above can be summarised as follows:

- Parents of a son with life-limiting disease.
- Applicant appearing to be ignoring the parents of sick children.
- Concerns raised in relation to car parking.
- Highlight the difficulties they experienced in accessing car parking in existing city centre children's hospitals.
- Same car parking problems will be encountered by parents with sick children trying to access the NCH.
- Highlights security concerns of a city centre location.
- Highlights problems trying to access the hospital via public transport.
- A hospital located off the M50 would be a far better option for those travelling from the country with a sick child.
- Parents with sick children need to be listened to.

Elida Maiques, Cameron Square, Kilmainham

The contents of the submission to the Hearing by the above can be summarised as follows:

- Refers to existing traffic congestion in the area of the site.
- Refers to existing staff car parking difficulties on the site.
- A helicopter coming down close to the Luas lines, landing next to a roof garden of the NCH, defies common sense.
- The hospital as planned does not seem to even try to be sustainable, an alternative green site exists at Connolly.
- Protecting the environment is one of the best ways to protect the health and future livelihood of the children that are at the heart of this planned NCH.
- Concerns raised in relation to potential loss of trees on the site.
- Questions the capacity of the campus to accommodate this and possible future development.
- Design matters pertaining to scale, massing, height and visual impact are raised by the observer.
- Concerns raised in relation to subsidence, noise pollution, vibration, damage to tree roots, impact on wildlife, increased traffic, impact on existing amenity spaces, access to daylight, dust generated, and impact on rents in the local area.
- This location is too problematic.
- Impact of gentrification on the existing local population.

Sean Finn, Faulkner's Terrace, Kilmainham

The contents of the submission to the Hearing by the above can be summarised as follows:

- Outlines to the Hearing his qualifications and experience.
- The major concern of the observer is the construction of the NCH and, in particular, the proposed location of the construction entrance on Faulkner's Terrace and the proposed relentless passage of heavily laden HGVs by the houses in Faulkner's Terrace.
- Concerns here relate to pollution, dirt, noise, potential misbehaviour of contractors, residents' safety, pedestrian safety and other road users, cyclists in particular.
- Local residents will be disturbed for a minimum of 12 hours a day, 5 days a week and 6 hours on Saturdays, and beyond due to other works for the duration of the project.
- The terrace comprises old houses with all their limitations in terms of size, poor soundproofing and poor design, many with bedrooms to the front of the houses.
- Concerns raised about the blocking of natural light for long periods by the constant presence of HGVs in front of the dwellings' windows.
- The observer is not aware of any efforts by the applicant to directly contact the residents of Faulkner's Terrace.
- Describes recent unsatisfactory experience with regards to a survey that was being carried out in the area for the NCH project.
- Describes unsatisfactory experiences with SJH as a neighbour.
- Raises concerns in relation to the proposed construction stage working hours.
- It is inevitable that the road will be damaged by the pressure of thousands of HGV journeys.
- Refers to existing traffic congestion along Mount Brown.
- Concerns raised in relation to HGV right turning traffic accessing the entrance.
- Concerns raised in relation to flood impact.
- ABP is strongly urged to reject the proposal particularly in relation to the construction entrance.
- If permission is to be granted the observer requests that stringent rules be put in place in respect of the behaviour of contractors, a strict adherence to the work times and real consequences for infringements.

Sean Lyons, Coolmine Woods, Blanchardstown, Dublin 15

The contents of the submission to the Hearing by the above can be summarised as follows:

- Objects to the proposal on the grounds of inadequate access to the site and difficulty in finding location.
- Cost factor of the project.
- Catchment is all of Ireland.
- Staff will not be able to afford to live near the NCH.

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- Traffic congestion concerns raised.
 - Shift work will result in double parking.
 - Comments that older established hospitals were relocated out of the city centre.
 - Potential staff will look for work elsewhere.
 - Refers to Blanchardstown site.
 - Concerns raised in relation to historic sewerage storage infrastructure proposed in proximity to the Blanchardstown site.

Eamon Prenter, CSR for Jack and Jill Foundation, reads an email into the record from Dr Shanahan in response to the applicant's submission of 9th December concerning air quality and nitrogen oxides.

Dr Healy for The New Children's Hospital quotes figures from the RKW High Level Framework Brief for the NPH October 2007, the figures relate to those currently attending the 3 emergency departments between the hours of 10 pm and midnight. It was previously submitted that as the satellite centres will be closed between the hours of midnight and 8 am the children seeking to attend the Urgent Care Centres will have to be transferred to the NCH. However, Dr Healy holds as the Urgent Care Centres will be closed to the public at 10 pm, those attending between 10 pm and midnight will also need transfer to the NCH (in addition to those seeking attention between midnight and 8 am who will have to attend the NCH as the satellite centres will be closed for those hours). The applicant did respond to the submission.

Module 5: Closing Statements

Closing statements were heard from the following:

- Seamus Healy, Carinya, Ballincar, Sligo
- Valerin O'Shea, Sandymount Avenue, Ballsbridge
- Margaret Healy, Cameron Square, Kilmainham
- Sean Finn, Faulkner's Terrace, Kilmainham
- John Lane and Nigel Buchalter for Ceannt Fort Residents' Association, St. James's Concerned Residents, McDowell Avenue Residents and Nigel Buchalter
- Fin Breatnach for The New Children's Hospital Alliance
- Eamon Prenter for the Jack and Jill Foundation
- Mary Conway for Dublin City Council
- Jarleth Fitzsimons SC for the applicant

A number of observers objected to the length of the applicant's closing statement in breach of the 10 minute guidance limit as contained in the issued 'Order of Proceedings' and asked that it not be considered. There were no new issues raised in that closing statement. The Board may wish to exclude that closing statement from its deliberations.

The Hearing closes on the 15th December 2015

Note:

A recording of the entire Hearing is on file for the Board's attention. All documents, plans and particulars submitted by the applicant, the planning authorities, the prescribed bodies and the observers at the Hearing are also on file for the Board's attention.

The Inspector's recommendations to the Board arising from clarifications and information submitted by the applicant, the planning authorities, the prescribed bodies and the observers at the Hearing are incorporated into 'Part 3 – The Assessment and Recommendation' that follows in this report.

Part 3 – The Assessment and Recommendation

Part 3 – The Assessment and Recommendation

3.1 ASSESSMENT

I have read and examined all the plans, particulars and documentation on file. I have considered the architectural model submitted with the application. I have carried out inspections of all four application sites. I have considered the relevant provisions of all national, regional and local strategies, guidelines and statutory plans for the areas. I have chaired a 10 day Oral Hearing into the application, I have considered all submissions made at that Hearing. In my opinion the main issues arising are as follows:

1. Traffic impacts - Operational Stage
2. Traffic impacts - Construction Stage
3. Height, Massing, Scale
4. Overlooking and loss of privacy
5. Overshadowing and access to daylight and sunlight
6. Campus capacity and 'Future-proofing'
7. Clinical/Medical Requirements
8. Alternatives considered in the context of site selection
9. Noise, Vibration & Settlement
10. Helipad
11. Architectural, Cultural and Archaeological Heritage
12. Open Space Provision
13. Tree Loss
14. Vermin
15. Dust generated
16. Asbestos Removal
17. Air Quality
18. Flood Risk
19. Swift population on St. James's campus
20. Drimnagh Sewer
21. Community Gain
22. Davitt Road Construction Compound
23. Satellite Centre at Tallaght Hospital
24. Satellite Centre at Connolly Hospital
25. Environmental Impact Assessment
26. Appropriate Assessment

(In the interests of brevity, the report titled 'Review Group on the National Children's Hospital – Report to the Minister, 7 June 2012' will be referred to in this assessment as the 'Dolphin Report' and the report titled 'New Children's Hospital: Further assessment of planning issues in relation to proposed sites – Report submitted to Dr. James Reilly T.D., Minister for Health' shall be referred to as the 'Clear/Martin Report'.)

3.1.1 Traffic impacts - Operational Stage

3.1.1.1 Concerns relating to operational stage traffic impacts feature large in the written submissions to the Board and again at the Hearing. The two main focuses of concerns here relate to access and car parking.

3.1.1.2 Many observers have raised concerns about the location of the proposed NCH at the St. James's site. They are of the opinion that the surrounding road network cannot accommodate such a development. They say that siting the NCH at this location will have adverse consequences for those seeking to access the hospital by car or by ambulance. They point out that this local road network was not designed to cater for such a facility, it cannot cope with the trip generation arising from the proposed development. Again and again, many observers have noted that the local road network is already suffering from significant congestion, especially at a.m. and p.m. peak times. Many have commented that it can take a considerable length of time to exit St. James's currently and there will be complete gridlock if the proposal goes ahead. They seriously question the decision to locate the NCH at this city centre site.

3.1.1.3 Many observers who are parents of sick children, and likely end-users of the proposal, have raised concerns about accessing the NCH at St. James's. These parents submitted evidence in writing to the Board and at the Hearing. They relayed stories of their traumatic and distressing experiences as they tried to access existing city centre children's hospitals, negotiating the traffic while in some instances their children suffer serious fits, or their health deteriorates rapidly. Evidence was also submitted of the vast amount of medical equipment some parents with their sick children have to travel with. These parents hold that it is simply not possible or feasible to bring their sick children with large amounts of medical equipment, on public transport. Even those who do not have to travel with such medical equipment highlight the problem of exposing sick children to further infection by using public transport. These parents hold that they have no other option but to access the hospital by private car. They hold that locating the NCH in a city centre site will pose significant access challenges thus creating further stress for families that are already very stressed. Many of these parents, and other observers, repeatedly advocated a greenfield site adjacent the M50. One site in particular, a site within the grounds of the existing Connolly Memorial Hospital in Blanchardstown, Dublin 15, was often cited as a better option. The observers held that such a site adjacent the M50, and accessed of the N3/M50 interchange, would be a lot more easily accessible, especially by those from outside of the GDA. In that regard, many repeatedly pointed out that the hospital was a *national* facility, intended to serve the entire country and not just the GDA. Those advocating a site at Connolly hospital also pointed out the existing quantity of open space available for development at that site which could facilitate: a significant

amount of car parking; open recreational space for children; generous south facing bedrooms for all wards, and plenty of expansion space into the future if required. They also noted the recent Government decision to relocate the Rotunda Maternity Hospital to Connolly hospital, thus facilitating the possibility of tri-location of an adult hospital, a maternity hospital and the NCH at this easily accessible location. This, many held, is in complete contrast with the site at St. James's which was not easily accessible by car, and had limited space with consequences for hospital design and expansion options in the future.

3.1.1.4 The proposed car parking provision at the NCH in St. James's was also the focus of much criticism by many of the observers. Simply, many hold that the applicant's proposals in relation to on-site car parking provision are wholly inadequate. Many observers consider the car parking provision to be well below what is required for such a facility. The concerns relate to all aspects of the car parking provision: in-patient parking, visitor parking, day-patient parking and staff parking. Many observers compared and contrasted the car park spaces proposed per bed space with other facilities internationally, they hold that the NCH parking provision is well below many comparable facilities in the UK, North America and Australia. Those using the two existing city centre children's hospitals, at Crumlin and Temple Street, highlight the problems currently faced at those facilities with limited parking in Crumlin and no on-site parking at Temple Street. Some told of critical medical appointments being missed as a result of traffic congestion encountered en route or failure to find a car parking space in time. These observers hold that there is now an opportunity to address this inadequacy but it is not being seized given the proposed location - another city centre site with the same challenges and restrictions. Some observers also criticised the layout of the proposed car parking spaces themselves. They consider that the spaces are not parent and child friendly, and that the column spacings arising from the grid structure layout impede the delivery of proper parent and child friendly parking.

3.1.1.5 While many observers, as indicated above, raised concerns about what they consider to be inadequate car parking provision, other observers who support the current proposal, and who are also parents of sick children, expressed their annoyance and anger at the delay in delivering the NCH. They expressed their frustration at debates about car parking provision and associated matters. They held that the focus and priority should be on sick children and not car parking provision. Some noted that well-renowned international facilities, like Great Ormond Street Hospital in London, do not provide any car parking on site. Some also pointed out that the proposed parking at the NCH will be a significant improvement on current parking provision at the existing facilities at Temple Street and Crumlin.

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- 3.1.1.6 Some observers opposing the proposal at St. James's consider the applicant's modal split and overall Mobility Management Plan, to be highly ambitious and unachievable. In particular, staff modal shifts proposed from the private car and onto sustainable modes of transport, they hold, are unproven, and such a modal shift has not been achieved elsewhere.
- 3.1.1.7 Some observers focused on the applicant's traffic assessment. They hold that the applicant's survey and analysis of existing traffic conditions, including those for key junctions around the site, are grossly understated or misinterpreted. Some observers consider the applicant's transport strategy to be deficient on a number of grounds. They hold that the strategy depends on uncertain future delivery of public transport schemes as a means of addressing public transport accessibility deficiencies. Some hold that the applicant's traffic impact assessment does not follow best practice guidance for such assessments. One observer commented that the level of assumption and presumption in the applicant's traffic analysis is extremely alarming and unduly relied upon to justify the necessary reduction in staff car parking on the site in order to facilitate the development.
- 3.1.1.8 As stated above, of those advocating an alternative site adjacent the M50, the majority referred to a site within Connolly hospital grounds. However, a small number of observers were in favour of locating the proposal at the Coombe maternity hospital located c. 700 m to the south-east of the St. James's site. Some of those observers note that the Coombe site offers greater potential capacity for on-site parking, they also note the site has a four lane local road network and has potential multiple points of access.
- 3.1.1.9 Chapter 6 of the applicant's EIS presents the transport strategy and resulting impact appraisal for the NCH. The NCH at St. James's will have 380 in-patient beds along with 93 day care beds. In conjunction with the satellite centres proposed at Tallaght and Connolly hospitals, the NCH project will cater for over 320,000 annual out-patient visits and non-consultant clinics along with approximately 120,000 urgent care cases per annum. It is envisaged that 84% of the out-patient clinics will be provided at the NCH at St. James's with the remainder provided at the Tallaght and Connolly satellite centres. With respect to urgent care it is envisaged that 59% will be treated at the NCH with the remainder split evenly between the two satellite centres (ref: page 6-2 of the EIS). In terms of existing and proposed staff numbers at the St. James's campus, the existing St. James's adult hospital currently employs c. 4,500 staff with c. 3,000 staff working core weekday hours. The NCH and its satellite centres will employ c. 3,200 staff with c. 3,000 staff based on the St. James's campus. It is expected that on average there will be 2,000 staff working in the NCH during a typical core weekday period (ref: page 6-47 of the EIS). This gives a total of c. 5,000 staff at the adult hospital and the NCH during a typical core weekday period.

3.1.1.10 Taking the above figures on board, and having regard to the receiving environment in conjunction with national, regional and local transport policies, the applicant has prepared a Transport Strategy. The Strategy, it is held, reflects the travel needs of patients, visitors and staff to the NCH and the adult hospital as a whole. The applicant's Transport Strategy has two key objectives, one, to manage the potential traffic impact the proposed development has on the receiving environment to ensure that the surrounding street network is not significantly adversely impacted on, and the second, to ensure patients are provided with a choice of travel modes to the hospital ensuring their healthcare experience is as comfortable and convenient as possible. A particular focus of the Transport Strategy is to limit the potential impact of additional car journeys during peak periods. The provision and management of car parking is critical to the Strategy and, as indicated previously, has been the focus of much comment by many of the observers. The applicant's Mobility Management Plan (MMP) is a key element in delivering the Strategy. It is the applicant's intention that the overall quantum of staff parking spaces currently provided within the campus will be reduced with the majority of the car parking spaces at the NCH allocated to meet patients and their families' need. It is proposed that the car parking stock and appointment schedules will be actively managed to provide a high turnover in parking spaces ensuring that all patients wishing to avail of parking will be facilitated.

3.1.1.11 The NCH will have a total of 1,000 parking spaces, 675 spaces are to be provided to accommodate family parking, leaving 325 spaces assigned to staff. The resulting total proposed parking provision across the campus on completion of the NCH will be 2,011, made up of 880 spaces for staff and 1131 for visitors (ref: page 6-94 of the EIS). This represents a reduction of 244 spaces for staff compared to the existing provision.

3.1.1.12 Mr McDaid, Director for ARUP, acting for the applicant, told the Hearing on the 01/12/15, that the calculation of the required visitor/patient car parking demand has been based on a first principle understanding of the level of parking demand. This has been developed in consultation with the medical planning team for the NCH project, taking into account the number of patients expected to attend each of the different departments within the hospital, the projected duration of stay and the likely mode of travel. He told the Hearing that this car parking provision will facilitate 100% provision for inpatient parking if required, 100% provision for day-patients if required, 100% provision for urgent care/emergency provision if required and 65% provision for outpatients/clinics if required.

3.1.1.13 While many observers raised concerns about the inability of end-users to access car parking on-site, the applicant's strategy is to accommodate all such end-users with on-site parking if required. This will take proper management, and spaces in some instances will have

to be pre-booked, and indeed this will form part of the MMP. Nevertheless, and notwithstanding the observers' concerns, there is nothing on file, in my opinion, to indicate that the applicant's proposals in this regard are not feasible. There is somewhere in the region of 230 spaces provided in the existing three children's hospitals at: Crumlin (155); Temple Street (0), and Tallaght (75). There will be 675 spaces for end-users at the replacement NCH, and this for a new facility on an urban site that is very well connected to public transport. While I accept the point made by many observers, particularly those accessing tertiary services in the NCH from outside the GDA, that this is a national facility, nevertheless, evidence was submitted that 75% of the end-user transport demand will be from within the GDA as it will provide urgent care and secondary treatment to the GDA, as well as tertiary care to the entire country, including the GDA. The applicant's agent told the Hearing that those travelling for tertiary treatment from across the country can be accommodated with on-site car parking if they require it. I would accept that for some patients travelling on public transport will never be feasible for medical reasons, but others may now avail of public transportation to the tertiary services as the St. James's site, unlike the existing city centre children's hospitals at Crumlin and Temple Street, is very well connected to the national transport hubs of Connolly Station, Busárus and Heuston Station via the Red Luas line. The Rialto Luas Stop is located right outside the southern entrance to the NCH.

3.1.1.14 Under the proposal there will be limited parking for staff but there is no other healthcare site in the country, never mind in Dublin, that is as well served by sustainable modes of transport as St. James, in my opinion. There are Dublin Bus routes through the campus and along the streets immediately adjacent 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 (ref: page 6-79 of the EIS). There are two Dublin Bikes outlets on the campus currently and a third just outside the existing Rialto Gate. The GDA Cycle Network Plan 2014 has identified three routes which pass within the vicinity of the campus (ref: page 6-52 of the EIS). On-site bicycle parking, lockers and shower facilities are proposed in the scheme. There is a good public footpath network in the area connecting the site to the city centre, new pedestrian entrances to the campus are proposed adjacent the Rialto and Fatima Luas Stops on the southern side of the campus

and two proposed under this application on the northern side of the campus, one to the west of the proposed new vehicular entrance off Mount Brown and one to the east of the proposed CRIC building. These new pedestrian entrances will greatly improve the permeability of the campus that is somewhat currently impenetrable, the new pedestrian entrances will make St. James's more accessible by foot.

3.1.1.15 The EIS indicates that, as with most city centre locations, the road network in the vicinity of the St. James's experiences congestion during the a.m. and p.m. peak periods. The reduction in on-site staff car parking will reduce the volume of traffic generated by staff during the morning and evening peak hour periods. This reduction in staff traffic will mitigate the projected increase in traffic associated with family/visitor and outpatient appointments during peak periods.

3.1.1.16 I agree with those observers who state that the applicant's proposed staff modal split is ambitious, it is ambitious, and it will be a challenge to achieve. It will require full participation and 'buy-in' by all the stakeholders on the St. James's campus now and into the future. But there is nothing on file to indicate that it is not achievable or deliverable. The staff target modal split proposed for the campus when the NCH is complete is given in Figure 6.58 of the EIS and includes a car driver allocation of 27%, this compares to a current split of 54% for car driver at St. James's (ref: Figure 6.52 of the EIS). But it should also be noted that the existing split for Luas use is a somewhat astonishing low 2% (ref: Figure 6.21 of the EIS). In responses to questions from the Inspector at the Hearing, representatives of both the applicant and Dublin City Council speculated that the low uptake of the Luas serving the campus may be related to the quantity of staff car parking available on-site. In recent times the St. James's Hospital Campus Smarter Travel Programme has been initiated, it includes for: a reduction for staff parking on the campus; free staff parking at two park and ride facilities on the Red Luas line, and introduction of staff parking charges, in addition to other measures. It is stated in the EIS that St. James's Hospital and the NCH have appointed a Working Group to oversee the implementation of the MMP (ref: page 6-83). The Working Group is made up of the Mobility Manager who has already been appointed, St. James's Hospital, the Children's Hospital Group representing the three existing children's hospitals that will be amalgamated, and the applicant. It is further stated that a Steering Group has also been appointed to oversee the St. James's Hospital Campus Smarter Travel Programme and includes representatives of the above mentioned Working Group, the Mobility Manager and representatives from the NTA and Dublin City Council. In a submission to the Board the NTA indicated strong support for the applicant's proposals at this city centre location given, *inter alia*, existing and proposed high-capacity public transport services, and confirmed that it is fully engaged with the NCH and St. James's Hospital as part of their Smarter Travel Workplace Programme (ref: letter dated 02/10/15). Likewise in a report submitted to the Board by Dublin City Council

which included a report from the Roads & Traffic Planning Division (RTPD) of that Authority, the RTPD confirmed its engagement with St. James's Hospital and the NTA in relation to the implementation of the MMP, it described the staff modal split as ambitious but necessary, and indicated no objection to the proposal subject to some conditions (ref: report dated September 2015).

3.1.1.17 I consider that the applicant's transport strategy for the proposed development is in line with national, regional and local transportation planning policies. Those policies are referred to in sections 6.1.1.1 to 6.1.1.12 inclusive in the EIS. At the core of many of those policies is a modal shift away from the use of the private car and towards sustainable modes of transport, be it walking, cycling, Luas, Dart, heavy rail commuter services, inter-city rail services, bus or Metro. Many observers held that the applicant was restricting on-site car parking provision because of site constraints, but as Mr McDaid for the applicant told the Hearing on the 14/12/15, this is not the case. The applicant could provide more on-site car parking, be it underground, surface or multi-storey. Just because the applicant can provide more parking does not mean it should, such an approach would be in conflict with national, regional and local transportation policies. Mr McDaid told the Hearing on the 01/12/15 that Dublin City Council recommended a parking cap on the campus of 2,000 spaces. There is a flaw, in my opinion, in the argument put forward by some of those who advocate a greenfield site adjacent the M50. They appear to assume that unfettered access off the national primary route and unfettered access to 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 transport strategy. In that regard, it is interesting to note that in its written submission to the Board, Transport Infrastructure Ireland (TII) placed strong emphasis on the applicant delivering upon its MMP to reduce the generation of car commuter traffic, especially in relation to the satellite centre sites at Tallaght and Connolly hospitals, to protect the national road network in the vicinity of those sites (ref: TII report dated 02/09/15). If the TII was concerned about the relatively small satellite centre of c. 5,000 sq.m. proposed under the current application at Connolly hospital, it may not be unreasonable here to suggest that they might have greater concerns if the NCH/CRIC/FAU of c. 125,000 sq.m. was proposed there instead. Furthermore, there is no guarantee that locating the NCH on a greenfield site adjacent the M50 will avoid the congestion some fear will be encountered accessing the St. James's site. The upgraded M50, as referred to by some at the Hearing, is experiencing congestion too.

3.1.1.18 In relation to concerns raised in relation accessing the site, particularly by those end-users from outside the GDA, the EIS in section 6.1.4.7 contains the '*Wayfinding Strategy*'. It is a considered approach from the strategic level for those travelling from outside of Dublin, to the local level of campus wayfinding. In relation to concerns

about ambulance access, Mr McDaid told the Hearing that proposals were discussed with the National Ambulance Service (ref: submission to the Hearing 01/12/15). He told the Hearing that the majority of the emergency visits by ambulance will be from inside the M50 reminding the Hearing that the satellite centres at Tallaght and Connolly hospitals will serve the wider GDA outside of the M50. He also reminded the Hearing that St. James's hospital already serves as a major adult emergency department and caters for 24 hour ambulance access.

3.1.1.19 One observer, referencing Figure 6.24 in the EIS, says this figure confirms that the home locations of staff at St. James's are spread throughout the wider Dublin area with concentrations in areas such as Rathfarnham, Templeogue, Clondalkin, Celbridge and Lucan (amongst other areas). The observer then goes on to state that this means that those staff cannot reasonably access the NCH at St. James's by foot or bike, and only with considerable difficulty by public transport. That observer advocates an expanded Coombe hospital site as the ideal location for the NCH, but those very same difficulties as held and identified by that observer (with which I do not necessarily agree), are equally, if not more, applicable to the Coombe site in my opinion. That observer also identified a number of constraints in the local road network, specifically three right-angle bends along the SCR, in accessing the NCH at St. James's by car. But again, those wishing to access the NCH if it were located at the Coombe site, would have to navigate those very same constraints when accessing the Coombe off the M50 via the N4 junction (unless a more circuitous route was adopted to avoid the constraints). The vast majority of those observers who were advocating an alternative site, were advocating a site at Connolly hospital claiming, *inter alia*, that such a site was more accessible. They could gain access by car to the Connolly site directly off the national primary route and would not have to navigate congested city centre streets and roads. It is reasonable to assume here that if the Board was to refuse permission for the NCH at St. James's, and the applicant was subsequently to apply for permission at the Coombe site, those observers who object to St. James's site on the grounds of access difficulties, would be equally opposed to the Coombe site on the very same grounds. In fact, the Coombe site is further ensconced in the urban core and further away from the M50, irrespective of whether one exited the M50 from the N4 or N7 junctions. Therefore, in terms of accessibility and traffic impacts, I am not convinced that developing the NCH at an expanded Coombe site is more advantageous than the St. James's site. It *may* be able to easily accommodate more car parking, but that could create greater adverse traffic impacts for the local road network and cause conflict with national, regional and local transportation planning policies which require a shift away from the private car and onto sustainable modes of transportation. I would also note here that of all of the sites considered for the NCH in the Dolphin Report, the only one that was described as having "*excellent public transport services*", was St. James's. In terms of ease of access by public transport, the subsequent Clear/Martin

Report described St. James's as being "very good (best)", of all the sites considered. I would concur with those assessments.

3.1.1.20 I am also aware that in the application for the NCH at the Mater site, the Inspector, while recommending refusal on the grounds of, *inter alia*, proposed car parking provision, did not recommend refusal in relation to accessibility, nor did the Board refuse on such grounds (ref: PL29N.PA00024). In fact, in its Direction, the Board in deciding not to refuse on the grounds of inadequate car parking in the Mater case, cited "*the central and accessible location*" of that site. I would consider the St. James's site to be more central and more accessible than the Mater site, both by way of private car off the M50 and by way of sustainable modes of transportation. The St. James's site is closer to the M50, is within walking distance of the major transportation hub of Heuston Station, and is directly connected to all three city centre major transportation hubs (i.e. Heuston Station, Busárus and Connolly Station) by the Red Luas line. If the Mater site did not fail on the grounds of accessibility, it would be most difficult to justify a refusal on the St. James's site on the grounds of accessibility. Indeed, the Dolphin Report, commissioned by the Minister for Health following the Board's refusal on the Mater site, states, *inter alia*, the following: "*It is standard planning practice to cite all relevant substantive reasons for refusal, to assist applicants in deciding whether to submit revised proposals. It is important to note that there was no planning objection in principle to the proposed location of the new children's hospital...It should also be noted that the Board did not cite difficulty of access to, or lacking of parking at, the Eccles Street site as reasons for refusal...*" (ref: page 15 of the Dolphin Report). This assessment of the Board's decision as held by the Dolphin Report is reasonable in my opinion. The Board did not refuse permission on that Mater site in relation to accessibility or car parking provision. I consider the St. James's site to be more accessible, both in terms of the private car and public transportation, and the car parking strategy is similar to that proposed for the Mater site.

3.1.1.21 The applicant's proposed modal split is ambitious but necessary. The delivery on the proposed MMP is critical. Subject to its delivery, and the delivery of other mitigation proposals as contained in section 6.1.6.2 of the EIS and conditions recommended at the end of this report, traffic impacts should be kept to within acceptable levels, in my opinion. There is nothing on file to indicate that the challenging modal split cannot be delivered. The applicant's strategy is supported by national, regional and local transport planning policies. Having regard to the foregoing, I would not recommend refusal on the grounds of operational stage traffic impacts. The proposed development would not endanger public safety by reason of traffic hazard or obstruction of road users, in my opinion.

3.1.1.22 I note the recommended conditions of the Roads & Traffic Planning Division of DCC in its report to the Board (ref: received on the

16/10/15). Should the Board be disposed to a grant of permission I would recommend that the final design layout of all proposed entrances off the public streets be agreed in writing with DCC prior to commencement of development, likewise for the number and location of CCTV cameras at access points to monitor trip generation and its effect on the local road network. I do not consider it necessary to set back the NCH along the SCR, a 2 m wide footpath is being proposed here. I note the commitment of the applicant to comply with the requirements of DCC, given at the Oral Hearing (ref: Mr McDaid of ARUP for the applicant on the 01/12/15) and a general condition should apply imposing those commitments and mitigations on the applicant should permission be granted. Likewise the applicant's commitments at the Oral Hearing in response to the issues raised by TII and the NTA can be addressed by way of a general condition.

3.1.2 Traffic impacts - Construction Stage

3.1.2.1 Many observers have raised concerns in relation to potential construction stage traffic impacts. These concerns relate to, *inter alia*, the following: potential traffic congestion; road network not capable of accommodating such traffic; dust generated; noise generated; impact of vibrations from HGV traffic on dwellings; duration of impacts; traffic safety; construction workers parking; conflict with other road users including the Luas; impacts arising at the Davitt Road compound and trip generation at certain junctions.

3.1.2.2 Section 6.1.5.1 of the EIS addresses the construction stage traffic impacts. The construction of the NCH and associated buildings (i.e. the FAU and CRIC) will take approximately four years to complete. The works will be carried out over a number of phases with different levels of intensity. During the construction phase of the project the number of staff parking spaces within St. James's campus will be reduced by 607 spaces. The applicant's aim here is that there will be no material impact on prevailing traffic conditions and on road network operation during the peak commuter traffic periods, as the increase in construction traffic will be offset by the reduction in staff associated with the considerable reduction in on-campus parking. Furthermore, no staff parking for construction workers will be provided within the St. James's campus, the contractor will be required to manage staff movements to and from the site without impacting on the neighbouring community. As indicated in Figure 6.70 of the EIS, the application site at St. James's is bounded to the north by one of Dublin City Council's designated HGV routes in and out of the city: Mount Brown/James's Street. It is also adjacent another such designated HGV route: the SCR to the south-west of the site. Both of these routes are also designated regional roads. The applicant's Construction Access Strategy to serve the construction phase of the NCH will be consistent with these designated HGV routes as they will form the primary access and egress routes between the construction site and the external road network. There are three phases to the overall construction stage.

The access proposals, the nature of construction works for each phase, and the likely traffic generation are described in s. 6.1.5.1 of the EIS. That section of the EIS also assesses the likely impact on a number of junctions on the surrounding road network. A construction compound is proposed on the Davitt Road to the south-west of the St. James's site. This construction compound will be used for: the staging of concrete trucks before proceeding to the main campus; the delivery of building materials for storage before transfer to St. James's; the transfer of materials to the main construction site, and for construction management activities. The applicant's documentation 'Volume 4', in chapter 4, contains an Outline Construction Management Plan. The proposals contained within that document include the appointment of a Liaison Manager who will, amongst other functions, liaise with neighbours, An Garda Síochána and Dublin City Council on construction stage traffic matters and issues arising. That Outline Construction Management Plan contains proposals in relation to wheel wash facilities that will operate at the sites. In its section 3.5.3 it contains proposals in relation to a 'Traffic Management Plan' and section 3.5.4 addresses 'Construction Vehicle Generation'. Appendix 6D 'Mobility Management Plan' of the EIS contains proposals for the construction stage targeted at the construction workers, the main contractor will be required to appoint a Mobility Manager for the duration of the construction period. Mr McDaid for the applicant told the Hearing on the 01/12/15 that the applicant will work with the NTA and DCC to ensure that all relevant mitigation measures and other steps identified in the application documentation will be implemented in the Construction Traffic Management Plan. In its report to the Board, the Roads and Traffic Planning Division of Dublin City Council (dated 04/09/15) stated that the Construction Traffic Management Plan will be further developed with the Council on the appointment of the main contractor.

3.1.2.3 The works are proposed on an underutilised brownfield site in a city centre location. Its redevelopment for a more efficient, intensive and sustainable use is in line with urban land-use planning policy. While the observers' concerns are genuine and reasonable, the potential construction stage traffic impacts here are not unique. Such potential impacts are to be encountered and expected in such urban site redevelopment. There are many other underutilised city centre brownfield sites where similar potential impacts are to be expected. The question is whether the applicant's mitigation proposals for the construction stage traffic impacts are feasible and reasonable. In that regard, I consider the applicant's proposals to be acceptable. I am satisfied that subject to compliance with the mitigation measures proposed: in the EIS; in the application documentation, and as referred to at the Hearing, and subject to condition, the impacts can be maintained within acceptable levels for the construction stage, which is of a limited period. The proposals do not pose an unacceptable risk to traffic safety. In such circumstances, it would be unreasonable to refuse permission on the grounds of construction stage traffic impacts.

3.1.3 Height, Massing, Scale

3.1.3.1 Many of the observers have raised concerns about the proposed heights and scale. Primary concerns relate to the height of the proposed NCH building itself, however, concerns have also been raised in relation to the heights proposed for the FAU and CRIC buildings.

3.1.3.2 Many observers consider the heights of the various elements of the NCH building, and the FAU and CRIC buildings, to be inappropriate. They consider that these heights are excessive given the receiving environment. They note the prevailing heights surrounding the site and contrast those with the proposed development. Some observers from the residential developments that are adjacent the site, including Ceannt Fort, Cameron Square, Brookfield Road and SCR, consider the proposal to be too high adjacent these surrounding residential developments that are predominately two-storey. It is stated by many observers that given the proposed height the scheme will be out of character with the surrounding area. Some hold that the heights proposed are indicative of the challenges posed by the restrictive nature of the site, they hold that as lateral expansion is limited, this is forcing up the height of the proposal.

3.1.3.3 Some observers have raised concerns about the visual impact the height will have on the receiving environment. They consider that the NCH will tower over adjacent residential developments mentioned above. They refer the Board to the applicant's own photomontages showing the proposed development as viewed from some of the surrounding residential streets. Others have challenged the photomontages themselves, holding that they are not an accurate representation of what will result in terms of visual impact and that the actual visual impact resulting will be adverse and permanent.

3.1.3.4 Concerns have also been raised about the visual impact the proposal will have on historic developments further from the site, specifically, concerns have been raised about the likely impact on the Royal Hospital Kilmainham, which is a protected structure.

3.1.3.5 The current Dublin City Development Plan is often cited by those who object to the proposal on the grounds of heights proposed. They observe that the CDP does identify areas in which higher buildings will be allowed but this site is not one such area. They note that the CDP height limit for low rise areas of 28 m is not being adhered to by the applicant and is being significantly exceeded. A number of observers also make reference to the public description and consider this to be misleading noting that the NCH is being described as 7 storeys over ground level when in fact it is 8 storeys as the CDP requires the plant level floor to be included in the height restrictions.

Some also take issue with the applicant's reference in the photomontages to the private hospital that was previously granted permission on the southern section of the current application site, that permission has now lapsed (ref: 2751/09 PL 29S.236070 history file travelling with current application). They note that the private hospital was granted under the previous CDP that applied and that previous CDP had a less restrictive policy regarding building height. Some also note the applicant's reference to the MISA building (ref: 3607/12) in the context of the current heights proposed. That MISA building is now under construction on the campus to the southeast of the current site. The observers consider the MISA building generally conforms to the current CDP standards, unlike the current proposal.

3.1.3.6 In relation to the proposed heights, in addition to fully considering the observers' submissions both in writing to the Board and at the Oral Hearing, I have also assessed all the elevations and sections on file, in particular the contextual elevations and sections submitted. I have also had regard to the applicant's photomontages, and the landscape/townscape and visual impact assessment in C14 of the EIS. I took full cognisance of the prevailing heights on lands adjoining the application site and further afield when the site visits were undertaken. I also assessed the model submitted with the application.

3.1.3.7 I note that that the major issues central to the Board's refusal in relation to the NCH proposal on the Mater site were height, scale, form and mass of that proposal given its context. I consider that the applicant has had full regard to that refusal in the preparation of this current proposal.

3.1.3.8 I consider that in the current application the applicant's design team has handled the height, massing and scale appropriately. The various heights proposed across the site take full account of the receiving environment. The design response is apt.

3.1.3.9 The overall height of the NCH building to ridge level is 34.95 m over ground level. Under the previously refused NCH scheme at the Mater site it was over twice that at c. 74 m above ground level. The tallest part of the current proposal is the oval element (containing the wards on the upper levels) and this is located towards the centre of the site, a remove from the boundaries with adjoining lands where the lower scale residential dwellings are located. Where the main NCH building approaches these more sensitive site boundaries it gradually steps down in height, massing and scale to respond to the existing dwellings on neighbouring lands. The 'fingers' of the NCH building along its western side are of an appropriate scale, mass and height adjacent the two-storey dwellings in Cameron Square, Brookfield Road and the SCR. These existing dwellings have clearly dictated the design response, an abrupt change in scale has been avoided and therefore complies with s.15.9 '*Transitional Zone Areas*' of the CDP. The four-storey southern façade onto James's Walk and the linear park

containing the Luas line, provides a strong urban edge at this location and reflects the height and scale of the MISA building to its east that is nearing completion. It provides definition to the northern part of the green open space and will also provide passive surveillance and increased security at this location when operational. There is a three-storey apartment block across the public road to the south and the proposed four-storey element here, coupled with the separation distance proposed, will again avoid an abrupt transition in scale.

3.1.3.10 The proposed FAU to the north of the proposed Rialto Gate entrance also responds appropriately to its location in terms of height, massing and scale, in my opinion. The tallest element in this FAU building is four-storeys and is located towards the centre of the building. As with the NCH building, the FAU steps down in height and scale adjacent Cameron Square and Brookfield Road.

3.1.3.11 Given the changes in ground levels between the site and James's Street to the north, the proposed CRIC building will be four storeys onto the public street but mostly three storeys facing into the site. Again the scale, massing and height of this building respond appropriately to the immediate context reflecting those as established by the adjacent Trinity Centre for Health Science to the east and the Haughton Institute (a protected structure) to the south-west.

3.1.3.12 In relation to the visual impact on the former Royal Hospital Kilmainham, now the IMMA, the long axis of the oval ward in the NCH is lined up with the axis of the Royal Hospital across the Camac valley to the north of the site (ref: see page 9 of the '*St. James's Campus – Public Realm Strategy*'). This simple and very effective design device has anchored the proposed development in the urban landscape and sets up a strong and positive relationship with this existing protected structure. The views from the Royal Hospital south over St. James's campus will be much improved as the current visual amenity of the site when viewed from the north is of limited value. The views north from the roof garden proposed at the northern end of the NCH will be impressive with the Royal Hospital forming much of the foreground and the Wellington Monument and Phoenix Park in the background. I note the Development Applications Unit of the Department of Arts, Heritage and the Gaeltacht have not raised any concerns in relation to the impact on the character or setting of the Royal Hospital.

3.1.3.13 Some observers refer to s. 17.6.2 '*Definition of a High Building*' in the current CDP and hold that the proposed development does not comply with this section as low-rise for this area is defined as a maximum of 7 storeys, or a height of 28 m. The observers hold that as the NCH building is proposed at a height of 34.95 m (ridge height) it contravenes the CDP. The applicant is proposing a maximum of 7 floors of accommodation above ground level as per the CDP but must allow for a greater, and varying, floor-to-floor heights given the nature of the development i.e. the clinical demands of a hospital differ from

those of an office use which generates the 28 m maximum as per the CDP, in addition, the 34.95 m includes the roof space. The parapet level of the highest part of the NCH building i.e. the oval ward element, is 29.85 m above ground level which is not significantly different from the CDP's 28 m maximum. In that regard, while the proposed height may not adhere 'to the letter' of s.17.6.2, I consider that the principle contained within that section is being adhered to. I therefore do not consider that the proposed development constitutes a material contravention of the CDP, as held by some, with regards to height. Even if the Board disagrees with this assessment and holds that it is a material contravention, the Board may still grant permission having regard to s.37G(6) of the Planning and Development Act 2000 as amended. As referred to by some observers, the CDP does clarify that plant rooms are included in the height definition. Plant is proposed in the roof level, however, removing the curved roof with the plant to lower the overall height would adversely impact on the visual amenity of the proposed development. It would be counterproductive and contrary to the spirit of s. 17.6 of CDP, in my opinion. I would thus advise against lowering the height by removing the roof by way of condition, it would also pose challenges regarding the relocation of the plant.

3.1.3.14 In its report to the Board, Dublin City Council states that it is their opinion that the proposed building generally complies with the seven storey limit set out in the CDP. They go on to state that in relation to height, the proposed development would not materially contravene the CDP (ref: s. 6.4.2 'Height' of the report received on the 16/10/15). Under s.6.4.3 'Visual Impact' of the DCC report it is stated that the proposed building will constitute a major piece of social infrastructure and as such, has the potential to be a landmark building which can contribute to the city's skyline in a positive manner. The City Architect in a memo attached to the DCC report states, *inter alia*, that "*The design of this development appears to be strongly driven by consideration of its context*". I agree with the DCC assessment.

3.1.3.15 I would accept that the views from some of the observers' homes in the vicinity of the development will be significantly altered by the proposal, but I do not consider the new views constitute a visual disamenity. In any event, the views from these neighbouring dwellings are not protected as such in the CDP.

3.1.3.16 Finally, in relation to height, I do not consider that the published development description is misleading. The development description is clear in my opinion. It indicates seven storeys above ground level, with a roof space above. It also clearly states the proposed ridge level and also gives heights relative to the Ordnance Datum. The observers to the application who have raised issues pertaining to the proposed height appear to be fully informed as to what is being proposed.

3.1.3.17 In conclusion, I concur with the landscape/townscape and visual impact assessment as contained in Chapter 14 of the EIS. I do not consider that the proposed development would adversely impact on the visual amenity of the area, on the contrary, I consider that, overall, the proposed development will be a permanent and positive impact on the visual amenities of the receiving environment. The scale, massing, bulk and height have been handled well by the applicant's design team in my opinion. The concerns raised by the Board in its decision to refuse permission for the NCH on the Mater site under PA0024 do not pertain in this instance.

3.1.4 Overlooking and loss of privacy

3.1.4.1 Concerns in relation to overlooking of neighbouring residential properties have been raised by many of the observers. Observers residing in dwellings along McDowell Avenue in Ceannt Fort have raised concerns about the potential of overlooking from the proposed CRIC building to the north-east. Residents in O'Reilly Avenue and Donnellan Avenue, also in Ceannt Fort, have raised concerns about potential overlooking from the proposed NCH building which is to be located west and south-west of those residential streets. Residents in dwellings located in Cameron Square, Brookfield Road and the SCR adjacent the western boundary of the application site have raised concerns about the potential impacts arising from overlooking from both the main NCH building and the FAU building.

3.1.4.2 These concerns were raised in the written submissions to the Board and were also raised by several observers at the Oral Hearing. In Module 1 of the Hearing, the applicant did provide a response to those specific concerns. They were also revisited in subsequent Modules when submissions were heard from the observers residing in the above mentioned neighbouring residential developments. In addition to the potential impact on privacy arising from overlooking from the three proposed buildings - the NCH, the CRIC and the FAU - concerns were also raised about potential impact on privacy from the proposed access road through the site, particularly where it is routed to the rear of dwellings in O'Reilly Avenue to the north-east of the NCH, and to the rear of some dwellings at the eastern end of Cameron Square to the north-west of the proposed NCH.

3.1.4.3 I am of the opinion that from an early stage in the iterative design process leading up to the final design that is now before the Board, the applicant did give appropriate consideration to protecting the privacy of the established residential areas.

3.1.4.4 In Chapter 4 '*Examination of Alternatives*' in the submitted EIS, under section 4.5.4.2 '*Short List Design Options*', one of the relevant matters that fed into the early stage of the buildings' designs was overlooking considerations, and this was continued as the design was progressed. For example, towards the emergence of the final

preferred option, the 'finger' elements to the north-west of the NCH evolved in part-response to the avoidance of overlooking of dwellings in Cameron Square (ref: EIS page 4-24). The existing internal campus road was realigned and with its associated landscaping is was located in such a manner as to create a buffer zone between the proposed NCH and the existing dwellings along O'Reilly Avenue in Ceannt Fort, and the dwellings in the eastern end of Cameron Square. This latter design intervention brings about a planning gain to some degree for those residents. Currently there is a large car park located immediately to the rear of O'Reilly Avenue, this is in close proximity to the boundary wall between the properties. The original boundary wall at this location is low and the rear garden/yard areas of the dwellings in O'Reilly Avenue are quite shallow, the rear of these dwellings are in places exposed to this car park. With the proposed design a wide landscaped area (c. 16 m) is proposed where the car park is now located and the access road is further west of that. In addition, the applicant reiterated at the Hearing (ref: Benedict Zuccchi for the applicant on the 30/11/15) that ground levels are going to be lowered along this road from south to north, this will further benefit the privacy of the dwellings in O'Reilly Avenue. It was also indicated that a new wall will be constructed at this location and that details and height will be agreed with the residents. Access along this new road will be restricted to buses and ambulances, further improving upon the current situation where the campus road is open to public traffic. Likewise a landscaped area is proposed in addition to the access road to the rear of the dwellings at the eastern end of Cameron Square.

3.1.4.5 In Chapter 14 '*Landscape and Visual Impact Assessment*', it is indicated that a significant aspect of the landscape design is focused on new areas of tree and shrub planting for screening along established neighbouring residential areas (ref: EIS page 14-23). Having reviewed the landscaping drawings on file I am satisfied that this is so.

3.1.4.6 The Board will be aware that the general 'rule of thumb' in relation to mitigation of overlooking in new residential developments is to provide 22 m separation distance between directly opposing first floor windows at the rear i.e. back-to-back arrangement with a separation distance of 22 m (this can of course be relaxed with appropriate design solutions). This 22 m separation distance is referred to in Chapter 17 '*Development Standards*' of the Dublin City Development Plan 2011-2017 (ref: page 257, copy of relevant extract in attached appendix). In that regard, I draw the Board's attention to a series of drawings on file submitted with the application, namely: drg. nos. NPH-A-BDP-PL-00-00-1100 / NPH-A-BDP-PL-00-00-1101 / NPH-A-BDP-PL-01-00-1100 / NPH-A-BDP-PL-02-00-1100 / NPH-A-BDP-PL-03-00-1100 / NPH-A-BDP-PL-04-00-1100 / NPH-A-BDP-PL-05-00-1100 / NPH-A-BDP-PL-06-00-1100 / NPH-A-BDP-PL-07-00-1100 / NPH-A-BDP-PL-08-00-1100. These drawings clearly show the proposed three new buildings on the St. James's site relative to the

existing residential developments. The dimensions of the critical separation distances between the new buildings and the existing dwellings are shown on those drawings for all levels of the proposed development. For the proposed NCH building the only separation distance less than 22 m to the nearest dwelling is given at 21.9 m. But that 21.9 m distance is between the front elevation of one of the proposed southern 'fingers' and the front façade of an existing two-storey dwelling across the public road i.e. it is not a back-to-back scenario, it is front-to-front across the SCR. In all other cases the separation distance between the proposed NCH and existing dwellings greatly exceed the 22 m rule. Further mitigation is provided in the elevation treatment at various locations. The gable ends of the 'fingers' proposed at the western side of the NCH do not include for windows at the upper levels. Roof terraces proposed at the upper levels are pushed back from the edge of the proposed building further restricting views down over neighbouring properties.

3.1.4.7 In relation to the FAU, the site layout and building design has sought to protect the residential amenity of the neighbouring dwellings in Cameron Square and Brookfield Road. The 22 m separation distance between the proposed bedroom windows in the FAU and the neighbouring dwellings has been exceeded. Where the FAU building is adjacent existing neighbouring dwellings, the elevational treatment avoids overlooking i.e. windows are not proposed. The FAU is proposed within 15 m of dwellings that face onto Brookfield Road but here again this is not a back-to-back scenario, these existing dwellings on the western side of Brookfield Road face across the public street towards the FAU. It should also be noted that of the terrace of structures that are located on the eastern side of Brookfield Road adjacent the proposed FAU, only one backs directly onto the application site, that is the southernmost structure in this terrace, and it is not a residential dwelling, it is a private clinic. The existing dwellings to the north of this private clinic do not back directly onto the application site. A surface car park serving this clinic is located between the rear boundary of these dwellings and the application site boundary to the rear of the proposed FAU building. Further evidence of the applicant's consideration for the avoidance of overlooking is provided in the detailed design of the rear elevation of this FAU building. I draw the Board's attention to a drawing on file, ref: 'Elevations 1-50' drg. no. NPH-A-BDP-PL-00-FA-2300, which indicates that vertical fins are to be installed along the edge of the proposed bedroom windows to restrict the field of view northwards with the specific aim of further protecting the amenity of dwellings located in Cameron Square. Mr Benedict Zucchi, architect for the applicant, told the Oral Hearing on the 30/11/15, that the existing mature trees along the boundary between the site and the southern terrace of Cameron Square that faces towards the proposed FAU garden, will be preserved and integrated into the proposed family garden. This will further protect the established residential amenity of this southern terrace in Cameron Square. He also informed the Hearing that in addition to new

landscaping to the rear of the eastern terrace in Cameron Square, it is proposed to construct a wall along this shared boundary, currently there is a palisade fencing at this location adjacent an industrial-type building on the site, this industrial building is to be demolished.

3.1.4.8 In relation to the CRIC building, having regard to its location relative to the dwellings in McDowell Avenue, and also having regard to the existing high boundary masonry wall at this location (c. 4m on the applicants side and in excess of 5 m on McDowell Avenue side), I am satisfied that the proposed CRIC building will not easily facilitate overlooking of these neighbouring properties. This existing high boundary wall, in conjunction with the shallow depth of the garden/yard areas to the dwellings in McDowell Avenue and the orientation of the proposed CRIC building relative to the dwellings, will mitigate overlooking. The gable end of the proposed CRIC building adjacent the dwellings in McDowell Avenue does not have any windows proposed that would facilitate overlooking at this location.

3.1.4.9 Having regard to the foregoing, I am of the opinion that the proposed development will not adversely impact on neighbouring residential developments by reason of overlooking. At all stages of the design, from early sketch options to the detailed designed proposals now before the Board, the applicant has sought to protect the established residential amenity of neighbouring properties. In some instances there will be planning gain and permanent positive effects for neighbouring residents with: improved boundary treatments; generous landscaping adjacent shared boundaries; removal of surface car parking adjacent back gardens, and removal of existing industrial buildings away from shared boundaries. I note the requests from some observers for further mitigation, such as relocating the proposed 'fingers' along the SCR further back into the site and opaque screening of elements of the facades at this location, however, I do not consider these to be warranted. The creation of a new streetscape at this location along the eastern side of the SCR, where currently the street is defined by a bland 2 m high and c. 100 m long wall, must also be considered a significant planning gain for the urban environment and a permanent positive impact on the visual amenity of the area. The proposed development does not, in my opinion, adversely impact on adjacent residential amenity by reason of overlooking and I would not therefore recommend refusal on such grounds.

3.1.5 Overshadowing and access to daylight and sunlight

3.1.5.1 Some observers residing in the residential areas adjacent the site have raised concerns about impacts from overshadowing and access to daylight and sunlight arising from the proposed development. Occupants in dwellings on both the east side and west side of Brookfield Road to the west of the site have raised such concerns, as have residents in Cameron Square, SCR, Mount Shannon and Ceannt

Fort. These concerns do not just relate to the main NCH building itself but are also raised in relation to the CRIC and the FAU buildings.

3.1.5.2 In Chapter 13 '*Micro Climate*' of the EIS the likely potential daylight, sunlight and overshadowing impacts associated with the proposed development are assessed. That assessment focuses on residential properties to the north (Mount Brown), east (Ceannt Fort), south (James's Walk) and to the west (Mount Shannon Road, SCR, Brookfield Road and Cameron Square). The assessment was prepared using the methodology set out in BRE 209, '*Site Layout Planning for Daylight and Sunlight: A Guide to Good Practice*'. While this is a non-statutory guide, it is referred to in the Dublin City Development Plan 2001-2017 (ref: s.17.9.1 relevant extract in appendix attached to this report), it sets out guidelines that are most commonly used in Ireland and the UK to assess the impacts of development on daylight and sunlight. A total of 15 specific representative reference points were identified and detailed calculations analysis of daylight, sunlight and overshadowing were carried out using the guidance given in the BRE 209. These reference points are identified in Figure 13.3 of the EIS. They were selected as being representative of potential 'worse case' dwellings in the vicinity of the proposed development. For each of these reference points access to daylight is assessed using the Vertical Sky Component (VSC), access to sunlight is assessed using a sunpath diagram, and overshadowing is assessed with reference to shadow plans indicating both the existing and proposed situations (ref: s.13.1.1.8 of the EIS). In response to submissions made in writing by observers to the Board, the applicant, in addition to responding to those submissions at the Oral Hearing, provided additional shadow plans in relation to properties in Cameron Square and Brookfield Road to the west of the development and in relation to properties in O'Reilly Avenue and McDowell Avenue in Ceannt Fort to the north-east of the NCH (ref: submission by John Kelly for the applicant made on the 02/12/15).

3.1.5.3 The applicant's impact assessment in relation to access to daylight, sunlight and overshadowing concludes that, for daylight, in almost all instances the recommendations set out in the BRE 209 Guidelines are met or exceeded. However, it does identify that living room windows to the front of five dwellings on the west side of Brookfield Road will fall short of the recommended targets, giving rise to moderate to slight adverse impacts. It should be noted that this is as a result of the FAU proposed on the opposite side of the street and not as a result of the proposed NCH building. It should also be noted that these dwellings are dual aspect and daylight access to the rear of these properties will not be impacted by the proposed development. For sunlight, resultant values have been found in all applicable instances to meet or exceed the recommendations set out in the BRE 209 Guidelines. Likewise for overshadowing, private open space and streets have been found to either meet the recommendations of the BRE 209 Guidelines, or, in cases where existing access is already

below the recommended targets, the proposed development will not result in any further reduction.

3.1.5.4 I consider the applicant's impact assessment in relation to access to daylight, sunlight and overshadowing to be robust, and the findings to be reasonable. I consider that, on balance, the proposed development will not adversely impact upon the residential amenities of neighbouring properties by reason of impact on access to daylight, sunlight or by way of overshadowing. I note also the contents of Planning Authority's submission to the Board in relation to these issues. The Planning Authority holds that given the nature of the proposed development and its overall size, the impacts on daylight are generally limited and within BRE Guidelines, and would mostly be considered not significant (ref: s.6.4.4 '*Daylight, Sunlight and Overshadowing*' of the DCC report received on the 16/10/15).

3.1.5.5 As indicated under '*Height, Massing, Scale*' earlier in this assessment, the design approach has been an iterative process and the various heights now proposed across the site have taken full account of the receiving environment. The visual impacts of the proposal informed the design response, the NCH building is seven storeys at its highest element and steps down to three storeys along its western side. The early consideration in the design process given to scale, massing and height has also resulted in mitigation by avoidance in relation to impacts on access to daylight, sunlight and overshadowing. I therefore would not recommend refusal in relation to these matters.

3.1.6 Campus capacity and 'Future-proofing'

3.1.6.1 Many observers have raised this issue concerning the ability of the St. James's campus to accommodate all that is mooted for the holding. They observe that in addition to the proposed NCH, the campus will have to facilitate an expansion of that NCH in the future. They also refer to the recent Government proposal to relocate the nearby Coombe maternity hospital to the St. James's campus. Furthermore, they refer to the need to allow for an expansion of the existing adult hospital on the campus. The observers hold that given the restrictions for lateral expansion, the campus simply cannot accommodate: the NCH; a maternity hospital, and an expanded adult hospital. They also consider that the applicant's proposal to allow for a 20% expansion of the NCH in the future is inadequate. They cite many examples where hospitals have had to expand by significantly larger factors than that. They note that this issue concerning capacity constraints was raised by both Dublin City Council and ABP at pre-application stage, they hold that the applicant has not properly answered the concerns raised. They cite many international examples where children's hospitals have been located on large greenfield sites. They repeatedly suggest that the applicant should consider such a site for the proposed NCH, in particular, they refer to a site at the Connolly

hospital (although other sites adjacent the M50 were also mentioned, such as a site adjacent Tallaght hospital).

3.1.6.2 In assessing this matter there are a number of considerations.

3.1.6.3 Firstly, I consider it appropriate that the applicant was challenged by both DCC and ABP to consider this issue at pre-application stage. The applicant, and other stakeholders, should satisfy themselves that this holding can accommodate their requirements now and into the future. However, the focus on site capacity in this instance by many of the observers relates more to what *may* be sought in the future, rather than what *is* being currently sought in this application. Notwithstanding concerns being raised about plot-ratio, site coverage and height, I consider that the current proposal can be physically accommodated on the application site. As stated in the CDP, plot ratio is a tool to help control the bulk and mass of buildings, as indicated previously in this assessment, I consider that the applicant has handled the bulk and mass of the proposal successfully. The CDP states that site coverage is a control for the purpose of preventing over-development, thus safeguarding such things as sunlight and daylight access for neighbouring buildings, as indicated previously, I consider that the neighbouring residential amenities will not be adversely impacted upon by way of overshadowing or loss of daylight. The plot ratio, site coverage and height proposed does mark a significant departure from the prevailing density of development on the site itself, but the existing intensity of use represents a wasteful and inefficient use of serviced zoned land in an urban setting. While it is appropriate that the applicant be challenged to satisfy itself that this campus can accommodate all that may be asked of it in the future, 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. Ultimately, it is the applicant in conjunction with the other medical stakeholders on the campus, that must be fully satisfied that this campus can meet all their likely needs now, and into the future. The applicant indicates that it is so satisfied.

3.1.6.4 The next consideration relates to the accommodation proposed. This NCH is to replace the three existing children's hospitals at Tallaght, Crumlin and Temple Street. However, the applicant is not simply taking the quantum of existing accommodation and just repeating it on the application site. The proposed accommodation already exceeds that of the existing combined three hospitals it replaces. Dr Emma Curtis is the Medical Director to the applicant, she is tasked with, *inter alia*, ensuring there is appropriate clinical input to the project, she represents the clinicians' views to the applicant's design team. Dr Curtis told the Hearing (on the 30/11/15) that the NCH before the Board has been designed and planned in a sustainable manner to deliver modern paediatric care now and into the future. She pointed out that the existing three children's hospitals have 432 beds,

the NCH will have 473 beds. Dr Curtis also reminded the Hearing that there will be 123 outpatient examination rooms between the NCH and the satellite centres. The existing three hospitals have 12 theatres, the NCH will have 18 as well as cardiac and interventional radiology theatres and 2 endoscopy theatres. The current overall space occupied by the three hospitals is c. 75,000 sq.m. whereas the proposed NCH is c. 118,000 sq.m., and this does not include the two satellite centres proposed at Tallaght and Connolly hospitals which will provide an additional c. 10,000 sq.m. combined. That is over 50,000 sq.m. of accommodation above what is currently provided at the three hospitals.

3.1.6.5 The third consideration in relation to ‘future-proofing’ relates to flexibility. Mr Benedict Zucchi, one of the architects to the applicant, outlined to the Hearing (on the 30/11/15) how flexibility was built into the design that is now before the Board. The building is designed so that it can be versatile and reconfigured in the future, allowing for expansion or contraction of departments/floor uses within the structure. Therefore, future requirements can be accommodated through flexibility and adaptability and not just through physical floor area expansion.

3.1.6.6 The fourth consideration relating to capacity is the ‘*St. James’s Campus Draft Site Capacity Study*’ submitted with the application (ref: Chapter 3, Volume 2 of the application documentation). Its submission reflects the queries put to the applicant by ABP and DCC at pre-application stage. This Draft Site Capacity Study was carried out to test how the current proposal could be completed without compromising the future development needs of the remainder of the campus, notably the redevelopment of the adult hospital over time and the provision of a new maternity hospital. It should be noted that it is not a statutory plan as such, it is not required by legislative, regulatory or administrative provisions, it is not a plan or programme prepared by or adopted by the planning authority and therefore was not subject to SEA. The Draft Study does not ‘set the framework for development consent of projects listed in Annexes I and II to Directive 85/337/EEC’ and therefore an EIA was not required. The Draft Study assesses the future floor area requirements for anticipated clinical developments relating to the tri-location of the NCH, the adult hospital and a maternity hospital on the campus. It estimates a long-term total floor area requirement for the campus of 428,022 sq.m. The Draft Study then identifies opportunity zones or sites across the campus and the potential for future development of each of these zones is described applying the planning parameters as contained within the current statutory CDP for the area. It finds that the long-term potential total floor area requirement can be accommodated within the overall campus while remaining well within the development parameters for the site as currently set out in the CDP. That Draft Study allows for physical link bridges between the NCH, the adult hospital and the maternity hospital. In my opinion, this Draft Study was a useful test or exercise, primarily for the applicant and

other medical stakeholders operating on the campus, to satisfy themselves that this campus can accommodate their possible clinical/medical needs into the future. I would also note that this Draft Study highlights how this well-located city centre site is currently so underutilised. Ms Clare White, architect for the applicant, told the Hearing (on the 01/12/15) that the campus is capable of expanding to almost three times its current size in terms of the area of buildings that could be accommodated. It should also be noted that the applicant applied the existing parameters as contained within the existing CDP relating to plot ratio, site coverage and height, but those parameters may change at some stage in the future.

3.1.6.7 Fifthly, in relation to this issue concerning capacity and potential expansion, the applicant's brief did require that the site strategy must demonstrate its capacity to accommodate 20% possible future expansion of the hospital. While some observers held that 20% was insufficient, I note that the Dolphin Report also referred to this allowance for a 20% expansion (ref: Dolphin Report page 33). The applicant has indicated how the 20% possible future expansion can be accommodated. In that regard, I refer the Board to section 9.2 'Expansion', of the applicant's Design Report (ref: Volume 2 of the application documentation) and the submission to the Hearing on the 30/12/15 by Mr Benedict Zucchi, architect for the applicant, indicating three locations adjoining the proposed NCH that can facilitate 20% floor area expansion. In addition to that 20%, the applicant has indicated that the existing energy centre fronting onto Mount Brown could be defunct as the NCH has been designed to provide space for the replacement of this existing energy centre. The decommissioning of the existing energy centre would free up that part of the campus for redevelopment. Furthermore, the proposed paediatric pathology department in the lower ground floor in the NCH could be relocated out of the NCH if an integrated adult and paediatric pathology service was eventually developed on the campus.

3.1.6.8 Finally, another consideration in relation to possible future expansion relates to the Coombe hospital that is within walking distance of the St. James's campus. In the Clear/Martin Report, and in the previous Dolphin Report, it was noted that there were a number of possible solutions that could build on the strengths of the proposals presented, at that time, by the St. James's campus and the Coombe hospital given their proximity to each other. The Clear/Martin Report went on to comment that if the Government was to decide to acquire a strategic land bank adjoining the Coombe hospital site, this would not only significantly enhance the planning and development context for the NCH and maternity hospital at St. James's, but would also offer a more sustainable future for the entire St. James's campus and potentially also for the Coombe hospital (ref: '*Potential Strategic Land Bank*' page 18 of the *Clear/Martin Report*). However, since the completion of that report in 2012 the Government announced, in June 2015, that the Coombe hospital itself will be relocated to St. James's, it

is reasonable to assume here that this relocation could free up the existing Coombe site, this could facilitate the relocation of non-critical uses off the St. James's campus to the Coombe hospital site, thus further allowing for some degree of 'future-proofing' at St. James's.

3.1.6.9 Having regard to the foregoing, it would be unreasonable in the circumstances to refuse permission for the current proposal based on a concern about possible future development. It was appropriate to challenge the applicant to test the potential clinical/functional requirements of the medical stakeholders on the campus against the capacity of the holding. The applicant has done that and would appear to have satisfied itself that the holding can meet future needs. 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.

3.1.7 Clinical/Medical Requirements

3.1.7.1 A number of observers, some with considerable experience in the field of paediatrics, are critical of the development and site selection from a clinical/medical perspective. Some hold that the NCH should be collocated with a maternity hospital as a priority and not an adult hospital. Some hold that the clinical specialities associated with adult medical treatment are not so relevant to paediatric care. It was also commented that some of the specialities existing at the adult hospital at St. James's are not directly applicable to paediatric healthcare. It was held that there are greater crossovers available when collocated with a maternity hospital. Others argue that collocation or tri-location is not required, they refer to a number of standalone children's hospitals that operate successfully without such collocation or tri-location. The applicant did not agree with those arguments. There are also observer submissions from medical experts in the field of paediatrics who strongly support the proposal and call on the Board to grant permission for the development without delay.

3.1.7.2 I note similar arguments were submitted in relation to the previous proposal for the NCH at the Mater hospital site (ref: s.7.2 of the *Inspector's Report* on PA0024).

3.1.7.3 The brief for the NCH that has been developed has emerged from Government policy. The Board is not charged with adjudicating on the appropriateness, or otherwise, of that brief. Execution of the design brief is the responsibility of the applicant which was established with the purpose of delivering the NCH. The Board's task is to determine whether the development accords with the proper planning and sustainable development of the area and to consider the impacts on the receiving environment. While the Board did refuse permission for the NCH on the Mater site, its reason for refusal was not based on clinical/medical grounds, nor could it be.

3.1.7.4 It is acknowledged here that the applicant's 'hub and spoke' model of care being provided in the form of the 'hub' being the NCH and the 'spokes' being, in this instance, the satellite centres in Tallaght and Blanchardstown, does relate to the model of care as envisaged in the 'National Model of Care for Paediatric Healthcare in Ireland, 2010' and 'A National Model of Care for Paediatric Healthcare Services in Ireland, 2015' (as referred to in the observer submission to the Hearing on the 07/12/15 by Prof Alf Nicholson & Prof John Murphy, National Clinical Programme for Paediatrics and Neonatology). I have also had regard to 'The Model of Care for the New Children's Hospital and the Hospital Satellite Centres at Tallaght and Blanchardstown' published by the applicant in March 2015 (the applicant being established under S.I. No. 246 of 2007 by the Minister for Health and Children).

3.1.8 Alternatives considered in the context of site selection

3.1.8.1 There has been a considerable amount studied, assessed and written about the location of, or possible sites for, this hospital, as well as the connected issue of its brief formation. These include, but are not limited to, the following:

- 'McKinsey Report 2006' which recommended, *inter alia*, that the NCH should be located in Dublin,
- the 'Report of the Joint Health Service Executive/Department of Health and Children Task Group to advise on the optimum location of the New National Paediatric Hospital 2006' which identified some 22 potential locations before focusing on two possible sites - the Mater and St. James's - finally opting for the Mater
- The 'RKW – High Level Framework Brief for the National Paediatric Hospital 2007'
- The 'KPMG - Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area 2008' which recommended that one of new maternity hospitals proposed should be tri-located with the NCH
- The 'National Model of Care for Paediatric Healthcare in Ireland, 2010' which outlines the decision to develop the 'hub and spoke' model of a main National Tertiary Hospital with satellite centres
- The 'National Paediatric Hospital Independent Review 2011', a report commissioned by the then Minister for Health into the Mater site proposal
- An Bord Pleanála decision in relation to PA0024 concerning the Mater site, including the *Inspector's Report*
- The 'Dolphin Report 2012' was commissioned following the Board's decision on the Mater site, this report focused on 7 potential sites
- The 'Clear/Martin Report 2012' which was a supplementary planning assessment of 5 potential sites following on from the 'Dolphin Report'
- Further planning/environmental assessment of 5 potential sites subject of the *Dolphin Report* and the *Clear/Martin Report* as contained within s.4.3.8 and Tables 4.1 to 4.5 inclusive, in the EIS.

3.1.8.2 In addition to the above, there is a considerable amount on file from observers in relation to alternative sites and this issue of alternative sites considered was much discussed at the 10 day Oral Hearing, with submissions made in relation to possible alternative sites at Connolly hospital, the Coombe and Tallaght hospital.

3.1.8.3 Some observers, noting that it was a Government decision to locate the NCH at St. James's, believe that the assessment of alternative sites was unduly influenced and restricted by factors outside of planning or environmental considerations and therefore, the planning process that is supposed to be followed, in this instance, is inherently and irreparably flawed. Some observers hold that it is very clear from the opening section of Chapter 4 of the EIS that when the Government, and later its EIS team, set out to consider alternative sites, environmental considerations, which should be the overriding consideration from a planning perspective, were never the primary deciding factor and the alternatives were not considered against potential environmental impacts. It is stated by some that if assessment of environmental impacts was not a key component in the consideration of alternatives then it means that the environmental assessment process, in addition to the planning process, is deeply flawed. This, they say, is contrary to EU law and contrary to best practice in relation to an EIA.

3.1.8.4 I do note that s.4.0 of Chapter 4 of the EIS does indeed state, *inter alia*, the following: *"While...environmental considerations informed the Government decision, they were not the primary consideration in choosing St. James's Hospital Campus as the location of the new children's hospital. Other matters that influenced this decision were healthcare policy and strategic need, clinical requirements and planning policy, all of which were as important as the environmental considerations in the context of delivering a world class paediatric facility to serve the island of Ireland."* It appears to me to be wholly reasonable and rational that the site chosen should be first assessed against such matters as compliance with, and ability to deliver upon, healthcare policy, strategic need, clinical requirements and planning policy. It is illogical to carry out environmental assessment on a site if that site cannot meet the requirements of the brief at the outset. I am satisfied, however, that as policy and site selection considerations evolved, the effects on the environment were taken into account to varying degrees over that evolutionary process. For example, in the *McKinsey Report* of 2006, one of the identified 'key elements' in delivering the NCH was accessibility through public transport outlined in Chapter 6 of that report, in that regard, some 6 years, and many other reports, later, the Clear/Martin Report of 2012 described the St. James's site as the 'best' with regards to availability of public transport. Private car trip generation for such a large-scale project clearly has the potential to adversely impact on the receiving environment, accessibility to public transport in such circumstances would be a significant mitigation factor for such an impact.

3.1.8.5 Matters such as the paediatric healthcare policy, or medical specialities available on a site, wherever that site may be, do not override considerations relating to the proper planning and sustainable development of the area or environmental impact assessment. The Government decision to locate the NCH at St. James's does not override such considerations. It is the Board, and not the Government, that is tasked with determining this application in the context of the proper planning and sustainable development of the area and environmental impact assessment. Just because the site may meet medical/clinical requirements does not mean those requirements supersede planning and EIA considerations, the Board's decision in the Mater application is proof of that. That decision triggered further assessment of possible sites from a planning and environmental perspective starting with the Dolphin Report, followed by the Clear/Martin Report and finally this application, where the EIS further considers alternative site options.

3.1.8.6 It is clear in the file documentation that the decision to locate the NCH at St. James's was influenced by clinical/medical requirements, as I have indicated above, this is reasonable and logical. But I am also satisfied that planning and environmental impact considerations have fully informed and dictated the proposal that is now before the Board. I am satisfied that there is sufficient information on file for the Board to carry out a full EIA. The EIS picks up where the *Clear/Martin Report* left off in terms of site considerations, with reference to Tables 4.1 to 4.5 inclusive, where additional planning and environmental considerations are given to the 5 sites that were subject of that 2012 report. In any event, I draw the Board's attention to paragraph 5.3 of the '*Guidelines for Planning Authorities and An Bord Pleanála on carrying out Environmental Impact Assessment*' (DoECLG 2013) which states, *inter alia*, the following "*It is noted in the High Court decision in the case of Volkmar Klohn v An Bord Pleanála (2004 No. 544 JR) that the development consent procedure does not require the competent authority to carry out an EIA of the possible alternatives.*"

3.1.8.7 There is no perfect or ideal site as such, each will have their own strengths and weaknesses. Many observers may share a common ground in opposing the choice of the St. James's site, but that common ground dissipates when it comes to selecting an alternative site, with some opting for Connolly hospital, some for the Coombe site and some for the Tallaght hospital.

3.1.8.8 One observer queries compliance with the EIA Directive as it was a Government decision that selected the site and not the developer. He holds that there was thus no transparency in how that original site selection decision was undertaken, the public have no understanding of the evaluation process involved or the criteria used in selecting the site. He queried how such a decision complies with the requirement for public participation pursuant to the Aarhus Convention.

He also goes on to cite the *O’Grianna – V – An Bord Pleanála* case in the context of the Government’s decision to tri-locate a maternity hospital on the site.

3.1.8.9 It is not a matter for the Board to evaluate a Government decision and I do not intend to comment here on that. As I have stated above, it is the Board, and not the Government, who is tasked on deciding whether permission should be granted or not, and it is the Board that is tasked with carrying out an environmental impact assessment on the proposal. There has been considerable public participation in that process with some 130 observer submissions received and a 10 day Oral Hearing held into the proposal. I have given full consideration to all of those submissions. All of those submissions, including a recording of the Oral Hearing, are on file for the Board’s attention. In relation to reference to the *O’Grianna* case, I am of the opinion that it is not directly relevant. The NCH, unlike the windfarm subject of the *O’Grianna* case, is not dependent on any other development to proceed. There may be an application for a maternity hospital on the campus, and there may not. If one is made, that will be subsequently assessed. The NCH can proceed without a maternity hospital, these are not inter-dependent projects.

3.1.9 Noise, Vibration & Settlement

3.1.9.1 Residents living in close proximity to the proposed development have raised concerns in relation to construction stage noise generation, vibration and possible settlement or subsidence. The concerns relate to noise arising from truck movements in and out of the site and also relate to on-site activities for the duration of the construction phase which is expected to last 46 months. Concerns have also been raised in relation to possible damage to dwellings arising from vibrations emanating from on-site activities and also, again, from HGV movements on the surrounding public streets. Some observers who reside in late C19th dwellings on the SCR are concerned that the additional truck movements along the public road will damage original plasterwork inside the dwellings. Some residents are concerned that the large scale excavation proposed to accommodate the NCH, which includes a large basement structure, could cause settlement or subsidence resulting in damage to neighbouring dwellings, this is a particular concern for the some residents in Ceannt Fort where the dwellings there date from the early years of the C20th. Some referred to previous experience where settlement resulted in the damage to the drainage system serving that housing scheme.

3.1.9.2 Chapter 11 of the applicant’s EIS addresses noise and vibration. Thirteen noise survey locations, external to the application site at St. James’s, were identified, these included locations in neighbouring residential areas. A series of internal noise and vibration surveys were also conducted at the existing adult hospital in order to quantify the existing baseline environment within those clinical areas that are

closest to the proposed NCH site. Table 11.6 contains a summary of the construction stage noise limits to be applied at neighbouring residential dwellings, it is also stated that an internal noise limit of 45dB will be adopted for construction noise intrusion in all adjacent hospital and clinical buildings. Table 11.7 presents the vibration criteria to be adopted during construction at nearby soundly constructed residential properties and similar structures that are generally in good repair. The EIS goes on to state that special consideration should be given to the Haughton Institute, a protected structure dating from the C18th, and residential properties on O'Reilly Avenue and Cameron Square which are considered particularly sensitive to vibration as concern has been raised by residents due, in some instances, to the absence of any significant foundations. At those sensitive locations it is therefore proposed to apply lower vibration limits as indicated in Table 11.8. Likewise, Table 11.9 applies vibration limits in relation to neighbouring clinical buildings on the campus, these include limits relating to operating theatres, precision laboratories and wards. Chapter 11 also addresses predicted noise impacts arising from construction traffic (ref: page 11-24). Chapter 11 identifies mitigations proposed, including solid fixed site hoarding and additional mobile screens for specific construction works. The contractor will be required to prepare a Noise and Vibration Management Plan, this plan will be required to define noise and vibration monitoring and reporting. Limitations on construction hours are proposed by the applicant, such limitations are an important and common mitigation measure.

3.1.9.3 These matters relating to noise and vibration were again addressed by the applicant at the Hearing in response to concerns raised by the observers. Mr Paul Healy, Consultant Engineer with OCSC acting for the applicant, told the Hearing on the 01/12/15, that a specialist Monitoring Consultant shall be engaged by the main contractor to monitor, collate and report on vibration results for the duration of critical work activities as part of the Noise and Vibration Management Plan. He also sought to reassure neighbouring residents that the basement construction techniques were appropriate. He described the proposed secant pile wall to the perimeter of the basement as a 'tried and trusted' method of safe ground retention in the prevailing Dublin boulder clays to enable and facilitate excavations in close proximity to existing structures. In that regard, I note that the Board has granted, on many occasions, permission for development that has utilised such construction techniques without damaging neighbouring properties. He described how surveys were carried out on neighbouring properties at O'Reilly Avenue, Cameron Square, Faulkner Terrace, Brookfield Road and the SCR, and indicated that further confirmatory condition/dilapidation surveys of all properties considered within the risk zone of settlement and vibration shall be undertaken as part of the first stage of monitoring regime and prior to any works commencing on site. A final condition survey will be undertaken on the completion of the works, for comparison with the initial survey, to ensure there has been no deterioration of the condition

of the building due to works. Matters pertaining to noise and vibration impacts were returned to on the following day when Dr Stephen Smyth, an Acoustic Consultant with AWN Consulting, addressed the Hearing on the 02/12/15 for the applicant. He told the Hearing that the main source of vibration during the construction will be the bored piling process. He referred to the Outline Construction Management Plan (ref: in EIS Appendix 2) which refers to noise, condition surveys and vibration management proposals at construction stage. I note that for vibration mitigation, the Outline Construction Management Plan will employ a 'traffic light system' to be in place, where 'green' means vibrations are within EIS limits and construction can continue, whereas 'red' means second threshold being exceeded and works must stop and action taken to bring vibrations to within the designated limits. The Board will be familiar with this approach as a similar proposal was adopted for both the DART Underground project and the Metro North project, both substantially larger than this current proposal and both granted permission by the Board.

3.1.9.4 The granting of permission does not entitle any applicant to damage third party property. Accordingly, the applicant in this instance is not entitled to damage third party property and, of course, is not proposing to damage adjacent property under this application. The site at St. James's, while large, does not pose unique, or exceptional, challenges. The ground conditions as described in Chapters 7 and 8 of the EIS are not particularly challenging from a construction perspective and have been encountered at many other sites in the GDA. Larger and more challenging sites have been successfully developed at other locations in Dublin without causing damage to neighbouring properties. The construction techniques being proposed by the applicant, as outlined in the EIS, file documentation and as further described at the Hearing, such as secant pile retaining walls, are not unique and have been successfully employed at other locations in Dublin. The EIS does give full consideration to various potential plant and machinery noise levels at various phases of the construction programme (ref: Table 11.10).

3.1.9.5 During the construction phase there will be impacts, but these impacts, while negative, will be for a short-term. The applicant's noise and vibration limits are achievable in my opinion. The mitigation measures are reasonable and have been successfully employed at other construction sites. I am satisfied that noise and vibration impacts can be kept to within acceptable levels for the construction phase. I therefore would not recommend refusal for the proposed development on the grounds of potential impacts arising from noise or vibration or potential damage to neighbouring property.

3.1.9.6 Dublin City Council did seek a further limitation on the hours of work proposed, effectively requiring works to cease at 6 pm and not 7 pm on weekdays. Given, *inter alia*, noise limits proposed and other mitigations, I would consider the applicant's 7 pm limit acceptable in

this case. I would accept the applicant's argument here that limiting the daily working hours could cause the overall construction period to be significantly extended (ref: submission by Mr Paul Healy, OCSC for the applicant, at the Hearing on the 01/12/15).

3.1.10 Helipad

3.1.10.1 A helipad is proposed at the garden podium level on the southern elevation facing St. James's Walk i.e. it will be located raised 3 m above the fourth floor roof garden at the southern end of the NCH. The helipad has featured in some of the observers' submissions.

3.1.10.2 Some observer submissions in writing to the Board (prior to the Oral Hearing) raised queries about the feasibility of the helipad at this location. The concerns related to compliance with aviation and firefighting requirements. Those observers referred to the restrictions that apply to the type and size of aircraft that can use such helipads and the provision of rescue and firefighting services. It is stated that it is necessary that all elevated helipad developers consult in advance with the IAA and with the local authority before final development committal is made to the project. They refer the Board to '*Heliports – Guidelines for Heliport Site Owners/Occupiers and for heliport Site-keepers*' available from the IAA (Copy in appendix attached to this report). It was noted by some observers that the application was not referred by the Board to the IAA and that the views of the Chief Fire Officer were not obtained at that stage in relation to the proposed helipad. One of the observers who made a detailed submission in writing to the Board and at the Hearing (ref: Dr. P. A. Healy) is a Consultant Anaesthetist who has significant experience in the field of air ambulance services and requirements. He holds that the helipad proposal is in need of revision. He referred to a recommendation by an expert group that all future acute hospital developments must include provision of a ground helipad. Concerns also raised included proximity to the Luas overhead wires, proximity to the wards, ICU and Theatres in the NCH, flying debris from downdraft, impact on aircraft from MRI machines (magnetic field fringe effects) and noise. A number of observers, in writing to the Board and again at the Hearing, raised specific concerns about potential noise impact from take-off and landings at the helipad.

3.1.10.3 The applicant sought to address issues arising in relation to the proposed helipad at the Hearing. Those responses were delivered by Mr Phelim Dunne, Engineer and Design Director acting for the applicant and Mr Byron Thurber, Architect and Senior Aviation Planner with ARUP, also acting for the applicant, on day 1 (30/11/2015) and day 9 (14/12/2015).

3.1.10.4 Noting, *inter alia*, the comments in some observer submissions regarding the proposed helipad (as outlined above), the application was referred to the IAA for comment. In a letter addressed to the

Board, dated 11/11/2015, the IAA responded stating, *inter alia*, the following: “*In the event of planning consent being granted, the helipad cited in the development will have to be approved and licensed by the Irish Aviation Authority*”. The IAA did not object to the proposal and no specific concern was raised by the IAA at this stage. Furthermore, at the Oral Hearing, in response to the Inspector indicating at the preliminary Hearing of his intention to discuss the issue at the Oral Hearing, Ms Mary Conway, Senior Planner for DCC, on day 4 (07/12/15) read a letter (dated 01/12/2015) from the Assistant CFO of DCC into the record of the proceedings. That letter stated, *inter alia*, the following: “*In relation to the above (helipad), this matter is currently under review and when finalised, the Heli-pad will be subject to compliance with both National and International Regulations. These regulations include:*

- *International Civil Aviation Organisation (I.C.A.O.) standards and recommendations*
- *Annex 14 and I.C.A.O. doc. 9261-AN/903, HBN 15-03 “Hospital Heli-pads” and*
- *Irish Aviation Authority Operations Advisory manual (OAM), No. 08/1000.*

The fire fighting requirements will be in accordance with the Irish Aviation Authority (OAM) 08/00 and HBN 15-03 and CAP 437.

The Heli-pad will also be subject to the Fire Safety Certification process.”

As with the IAA submission, the submission on behalf of the A/CFO did not raise any objection or specific concern at this stage and DCC maintained its position at the Hearing that permission should be granted for the proposed development. In relation to the potential noise and nuisance factor on surrounding residential areas, I draw the Boards attention to s. 4.5.4.4 ‘*Helipad Location*’ in the EIS which outlines that the applicant considered 5 options for the helipad location, including one ground level option. I am satisfied that protection of neighbouring residential amenity was one of the key considerations in opting for the helipad location that is now before the Board (in addition to other requirements such as adequate airspace clearance). Other options would have brought the flight path closer to neighbouring residential areas. Mr Thurber for the applicant told the Hearing that raising the helicopter operations well above street level, as with a roof helipad in this instance as opposed to a ground level one, not only allows better obstacle clearance and more degrees of freedom for flight path planning, but it also reduces noise and downwash effects. He also told the Hearing that one ground level option originally proposed by the applicant was rejected as infeasible by the IAA at design stage due to close proximity of buildings. He went on to state that as the helipad is to be located more than 4 storeys above ground level, it is expected that rotor downwash will have substantially dissipated when it reaches ground level. He also addressed issues relating to the impact of magnetic fields on aircraft caused by MRI machines noting, *inter alia*, that the nearest MRI room is in excess of 30 m from the flight path (a minimum of 15 m is recommended). He accepted that there are

certain challenges with a rooftop helipad, but stated that in a dense urban environment it is the only viable option that provides adequate airspace clearance. He stated that keeping the helipad elevated has benefits of reducing noise, vibration, and downdraught effects and allows for direct patient transfer routes. He told the Hearing that a rooftop helipad is a common feature of many modern urban hospitals worldwide and is the appropriate choice for the NCH. Mr Phelim Dunne for the applicant told the Hearing that since the submission of the application, a wind tunnel test has been completed by RWDI to validate that there are no turbulence impacts from the helipad position or from the ward building north of the helipad. He also told the Hearing that he had consulted with the Air Corps on, *inter alia*, the risk of hitting the Luas wires, he stated that they do not see a risk with hitting the Luas wires which are c. 6 m above ground level, the hovering height of a helicopter will be a minimum of 31 m above ground level. In addition to the Air Corps, Mr Dunne stated that the applicant also consulted with the IAA, the National Ambulance Service, Dublin City Fire Brigade and DCC. In relation to noise impacts, Dr Stephen Smyth of AWN Consulting, acting for the applicant, outlined to the Hearing the noise impact assessment in relation to the helipad (ref: day 3, 02/12/15). He stated that all international guidance documents referenced in the EIS agree that placing noise limits on the operation of emergency use helipads is not appropriate having regard to the emergency nature of the helipad activity and the expected frequency of flights. He also stated that the probability of night-time flights are very low and that even when they occur it is likely to be a single landing and take-off over the course of the entire night-time period. He reiterated the mitigation measures proposed in the EIS to minimise the noise impact, the helipad will be operated using the 'Fly Neighbourly' protocols developed to limit the noise impact of helicopter operations (ref: s. 11.1.6.2 page 11-36 of the EIS).

3.1.10.5 Having regard to the foregoing I would not recommend refusal on the grounds of the location of the proposed helipad. Notwithstanding the concerns raised, there is nothing on file to indicate that the helipad as proposed would not be viable. In any event, even if the Board does grant permission for the proposed development with the helipad, the helipad has to comply with other legal codes, including the requirements of the IAA and fire safety regulations. Noise and downwash impacts were considered by the applicant during the design process and early stage mitigation by avoidance was a factor in opting for the helipad location as now before the Board. Further mitigations are proposed and appear reasonable. I would accept the argument that given the nature of the development, night activity at the helipad would be infrequent. The applicant did consult with a number of key stakeholders regarding the helipad and I am not aware of any specific concerns by those stakeholders. As stated by the Inspector in PA0024 concerning the NCH application at the Mater site, a helipad is a critical element of a national tertiary proposal. If the helipad as proposed is unacceptable to the Board and a ground location is sought, it would

appear to me, given alternatives considered on this site, that the only option left might be an open greenfield site for the NCH outside of the urban core. That may be considered by some to be somewhat of an extreme or excessive mitigation response. While rooftop helipads are not common features for hospitals in Ireland, there are many successful examples in other cities internationally, there is no reason to believe such rooftop hospital helipads cannot be accommodated in an Irish urban context. (I note there is a helipad on the rooftop of Government Buildings on Merrion Street in Dublin 2 and I am not aware of any adverse impacts arising there or of any functional difficulties with that helipad.)

3.1.11 Architectural, Cultural and Archaeological Heritage

3.1.11.1 There are four issues for consideration by the Board in relation to architectural and cultural heritage, in my opinion. The first two are: the proposed demolition of the chapel on site, and the demolition of Garden Hill House. The third issue is the site's association with the 1916 Rising, and the fourth heritage issue relates to the naming of the proposed NCH.

3.1.11.2 There are a number of protected structures on the St. James's campus, but there are no works proposed to any of those protected structures, there are no protected structures within the application site itself.

3.1.11.3 It is proposed to demolish a large number of structures to facilitate the proposed development. The majority of those structures are unremarkable in terms of architectural heritage (ref: chapter 16 of the EIS). However, there are two buildings that are of architectural heritage interest, in my opinion, that are to be demolished: the chapel and Garden Hill House.

3.1.11.4 The chapel is located in the southern section of the application site. It is a small-scale chapel apparently built for the staff and patients of the hospital in 1900. Much of its original form and fabric remain intact. There is a survey of the chapel contained in Appendix 16.1, chapter 12 of EIS Appendix 2. The proposed demolition of the chapel on the site has generated some degree of opposition from observers in the area. It was used as a place of religious worship up until recent times. Some observers referred to members of the local community contributing to its upkeep. Many of those observers strongly object to its demolition. I note that the Board upheld a p.a. decision to grant permission for its demolition to facilitate a private hospital development on the site (ref: PL 29S.236070, that permission has since withered, file with current application). It was not on the record of protected structures at the time that decision was made and it has not been added to the RPS since. However, I would draw to the Board's attention that it has since been added to the NIAH. It appears the NIAH carried out a survey of the area in 2013 (ref: s.16.1.3.4 of the EIS) and

the chapel was added to the NIAH with a 'regional' rating (copy of NIAH extract in appendix attached to this report). Its demolition, and the demolition of Garden Hill House (see hereunder), were subject of discussion at the Hearing. Notwithstanding the fact that it is not on the RPS, I am of the opinion that its demolition, in conjunction with the loss of the Garden Hill House, constitute an adverse impact on the architectural heritage of the area, the impact is permanent.

3.1.11.5 The demolition of Garden Hill House has not attracted the same degree of attention or opposition as the proposed demolition of the chapel. Nevertheless, I am of the opinion that Garden Hill House is of architectural heritage value. It is located towards the north-western section of the application site. It is one of the oldest structures remaining on the site. The EIS dates the former dwelling from somewhere between 1822 and 1837. It is a five-bay, double-pile, single-storey over basement villa-type house. There is a survey of the house contained in Appendix 16.2, chapter 12 of EIS Appendix 2. While it is now in use as offices and has not been used as a dwelling for some time, it would appear to be in good condition and a lot of the original fabric remains intact notwithstanding alterations over time. I would acknowledge, however, that the setting has much altered and now significantly detracts from the original character of the residence. In that regard, there are industrial type structures in close proximity to the dwelling and the ground levels have much altered from the original, so that one has to descend modern steps to then ascend the original granite steps to gain access via the original front door of the structure. It appears that the house was not originally part of the workhouse use that operated on the wider holding. I would also acknowledge that, in addition to it not being on the record of protected structures, it was not included in the NIAH survey carried out in the area in 2013. Nevertheless, as stated above, I am of the opinion that its demolition, in conjunction with the loss of the chapel, constitute an adverse impact on the local architectural heritage. As with the chapel, the impact is permanent.

3.1.11.6 The p.a. Conservation Officer's Report on file (dated 11/09/15) does not raise specific concerns about the proposed demolition of either structure. A report to the Board from An Taisce (dated 02/10/15) does not raise specific concerns about the demolition of either structure, An Taisce also addressed the Hearing on the 07/12/15 and did not raise any specific concerns about the demolition of the structures on that occasion either. There is also a report to the Board from the Development Applications Unit of the Department of Arts, Heritage and the Gaeltacht, dated 06/10/15. That report does note the proposed demolition of these two structures, it makes a number of recommendations in the context of mitigation, it does not object to their demolition. In addition, Dr Fredrick O'Dwyer, Dept. of Arts, Heritage & the Gaeltacht, attended the Hearing on the 08/12/15. He addressed issues around the proposed demolition. He stated that the Department's previous recommendation still stands noting, *inter alia*,

that the proposed NCH is a national infrastructure project and it is within that context that the recommendation is made to the Board.

3.1.11.7 As stated previously, I consider the demolition of the chapel and Garden Hill House to constitute an adverse impact on the architectural heritage of the area. However, as with many such large-scale development proposals, a balance has to be struck between sometimes competing interests. The loss of these two structures will facilitate the delivery of a much-needed, and long-awaited, national strategic healthcare infrastructure. I am satisfied that neither structure can be retained in-situ while a NCH is also accommodated on the site. The Board must decide to either refuse permission in the interests of architectural heritage protection, or accept the impact and grant permission for the proposal. Considering the substantial gains accruing from the proposed development, I would consider that, in this instance, it would be an imbalance to refuse permission for the proposal on the grounds of architectural heritage protection. Therefore, notwithstanding the permanent adverse impact on the architectural heritage of the receiving environment, in this instance, I would not recommend refusal for the purpose of the retention of those structures.

3.1.11.8 The third issue for consideration in the context of heritage protection is the site's association with the 1916 Rising. Commandant Eamon Ceannt led a group of Volunteers and occupied what was then known as the South Dublin Union, now St. James's campus. The housing development from the early C20th to the north of the campus is called after this event: 'Ceannt Fort'. There is also a memorial to the Rising on the campus adjacent the adult hospital. It appears the Volunteers occupied a number of buildings in the South Dublin Union during the conflict. A number of observers have raised concerns about the proposed demolition of the structure located to the west of the Trinity Centre for Health Science and north-east of the Haughton Institute (a protected structure). The demolition of this structure is to facilitate the construction of the Children's Research and Innovation Centre (the CRIC building). The applicant holds that there is no evidence of a link between the building to be demolished and the 1916 Rising. However, one observer at the Hearing cited the Bureau of Military History (available online) to contest this. Some observers are seeking the retention of the facade of this structure where it fronts James's Street. The applicant maintained its position that none of the buildings that featured in the 1916 battle at the South Dublin Union would be demolished to facilitate the development (ref: applicant's submission to the Hearing of the 14/12/15).

3.1.11.9 It appears a number of buildings were occupied during the Rising, some still existing and some have been demolished. The structure in question is not a protected structure nor is it a National Monument. Only a section of the original building here exists, the remainder of the building having been demolished many years ago. In

its current state this remnant does little for the visual amenity of the area. It reads as a derelict site when viewed from within the campus and presents a blank façade onto James's Street. In the circumstances, and again noting that it is neither a protected structure nor a National Monument, I am not convinced that what remains here warrants retention. It does not appear on the NIAH survey of 2013. I do not consider that the demolition of this structure constitutes an adverse impact on the cultural heritage of the area.

3.1.11.10 The fourth issue in relation to heritage concerns a possible name for the NCH. Some observers request that the hospital should be named after Dr Kathleen Lynn. She has been described as having a pioneering role in paediatrics in Ireland, she founded St. Ultan's Hospital for Infants. She was the only female commandant during the 1916 Rising, she was also involved in the Lock Out of 1913, she was imprisoned after the Rising, she was a TD and a councillor. While it would appear that she is a good candidate after whom the hospital could be named, I note that the Board generally does not condition specific names for developments and therefore I am not making a recommendation on the issue either way.

3.1.11.11 In relation to archaeological heritage, while it is noted that there are no recorded monuments on this, or any of the application sites, the EIS acknowledges that St. James's campus is a significant archaeological complex relating to the various institutions that existed here, including the original Poorhouse on the site. Test excavations and monitoring of geotechnical investigations have been carried out in relation to this application, the site has been subject of excavations previously also. The EIS acknowledges that there is the potential to remove in-situ archaeological layers given the scale of the proposed development. However, I consider that the applicant's mitigation measures relating to archaeological heritage protection are reasonable and appropriate. The report to the Board from the Department of Arts, Heritage and the Gaeltacht indicates no objection to the proposed development on the grounds of archaeological heritage protection subject to condition.

3.1.11.12 Should the Board be disposed to a grant of permission in this instance, I would recommend they give consideration to requiring the applicant to carry out a survey and record of the chapel, Garden Hill House and the derelict building fronting James's Street that are to be demolished as per the recommendation to the Board by the Department of Arts, Heritage and the Gaeltacht. I would also recommend that proposals for the use of salvaged material from those structures be agreed with the p.a. In relation to archaeological heritage protection, in addition to the mitigations measured proposed, I would recommend a condition relating to archaeological monitoring.

3.1.12 Open Space Provision

3.1.12.1 Some observers have raised concerns in relation to the quantity and quality of the open space provision on site to serve the proposal. Observers note that with the exception of the linear park along the Luas line and some open space adjacent Ceannt Fort, all other open space proposed, including the Children's Meadow, is to be provided on podiums, courtyards and roof gardens. Some hold that the open space provision is not compliant with CDP requirements. Some refer to the important role amenity open space plays in the recuperation of patients and argue that this can be best delivered on a large, parkland setting, such as at Connolly hospital in Blanchardstown. Some question the viability of the roof top open spaces proposed, both in terms of initial installation and thereafter with the on-going maintenance.

3.1.12.2 There is a report on file from DCC's Senior Landscape Architect, Parks & Landscape Services (ref: in appendix attached to Dublin City Council Report to the Board received on the 16/10/15). No objections are indicated, conditions are recommended in the event of a grant of permission.

3.1.12.3 The proposal contains a range of open spaces across the development including public, semi-public and semi-private areas. There is a significant amount of information on file outlining the open space strategy and vision, in that regard I refer to: '*Part E – Landscape Design*' of '*Design Report*' contained in chapter 1 of Volume 2 of the application documentation; '*St. James's Campus Public Realm Strategy*' in chapter 3 of Volume 2; Drawings titled – '*Landscape GA Plans*' on file for all levels of development; the submission to the Hearing by Benedict Zucchi, architect acting for the applicant, on the 30/11/15; the submission to the Hearing by Nicholas Edwards, landscape architect and urban designer acting for the applicant, on the 30/11/15, and the submission to the Hearing by Paul O'Neill, Town Planner acting for the applicant, on the 02/12/15.

3.1.12.4 In s.17.2.3 '*Public Open Space – All Development*' of the CDP there is a requirement that, for Z15 zoned land such as the application site, "*25% open space and/or provision of community facilities*" must be provided. The applicant has indicated that 27% open space across the development is being provided. Furthermore, I note the wording of that s.17.2.3 allows for open space 'and/or' a community facility, the NCH and associated development could be regarded as a community facility, I am thus satisfied that the proposal with regards to open space is not contrary to the CDP. I am satisfied that a lot of consideration has been given to the quality of the spaces proposed. Spaces have been provided for the various users across the development, these spaces are not 'afterthoughts', the end-users, particularly the patients, drive the design response. The development will greatly enhance the public domain, providing active frontage to Brookfield Road and SCR to the

west, and the linear park to the south. Finally, I note here that the Board did not cite open space provision in relation to the refusal on the Mater site. I would not, therefore, recommend refusal in relation to the quality or quantity of open space provision. The open space proposed marks a significant improvement on the quality of the open space currently on the site which is dominated by bitumen covered surface car parks and open yard areas. In that regard, I would consider the open space provision proposed to be a positive, long-term effect on the receiving environment providing recreational amenity space on a site where currently none exists and also providing improvements to the visual amenity of the area.

3.1.13 Tree Loss

3.1.13.1 I note that the proposed development will lead to the loss of a number of mature deciduous trees on the site. A number of observers have raised concerns about this. The loss of trees along the western site boundary with the SCR and at the existing entrance where a mature lime tree will be felled, are objected to by a number of observers.

3.1.13.2 I refer the Board to Drg. Nos. NPH-L-BDP-PL-ST-9401 and 9402 indicating the tree removal plan. I also refer the Board to the '*Tree Survey Report, Schedules and Drawings*' in the '*Architectural Design Report*' (Volume 2 of the application documentation). Having reviewed those plans and having considered the proposed development, I am satisfied that the applicant has sought to retain trees where possible, as previously mentioned the trees to the rear of Cameron Square are to be retained and integrated into the site landscape proposals. Trees at other locations are to be retained such as at the linear park to the south of the site, at the corner of O'Reilly and Donnellan Avenues and along the central spine road through the campus. I am not aware of any tree preservation order pertaining to any of the trees to be felled. As indicated in the preceding section, the on-site open space provision proposed will improve the visual amenities of the area, in my opinion. The applicant has indicated that trees are not to be removed during the nesting season which will mitigate potential adverse impacts on the bird population. While the loss of the lime tree and other trees along the Brookfield Road and SCR end of the site is a negative impact on the flora, given the nature of this rather sporadic planting, the scale of the impact is limited and localised. The creation of a new street edge here with a building that addresses the public realm in a positive manner, constitutes a positive long-term impact on the visual amenity of the area and on the urban environment. Mr Thomas Burns, landscape architect acting for the applicant, outlined to the Hearing (ref: day 3, 02/12/2015) the very significant number of new trees to be planted across the site as part of the landscape proposals, in the long-term these will more than compensate for the immediate loss of trees (if permission is granted).

3.1.13.3 Having regard to the forgoing I would not recommend refusal on the grounds of impact on existing trees on the site.

3.1.14 Vermin

3.1.14.1 Concerns have been raised that vermin will be disturbed during the construction period with adverse consequences for neighbouring properties. Neighbouring residents are concerned that there will be vermin infestation arising from the disturbance of vermin on the site when construction activities begin. Such infestation can be considered a potential adverse indirect effect on the receiving environment.

3.1.14.2 While matters pertaining to vermin were raised in the EIS (in Chapters 10 and 18), these related primarily to waste management at the operational stage. The observers' concerns raised in the written submissions to the Board and at the Hearing focused more on the generation of vermin nuisance brought about at the construction stage.

3.1.14.3 The applicant did respond to this issue at the Oral Hearing. Mr Paul Healy, Consultant Engineer for the applicant told the Hearing that a vermin control management plan will be put in place, by a specialist control contractor, for the construction stage of the proposed development. It was acknowledged that vermin are likely to be present on the site. He told the Hearing that the objective of implementing the vermin control plan will be to ensure that any existing on-site vermin will be eradicated at the commencement of construction works, and that all practicable steps will be taken to prevent new or displaced vermin issues arising during the construction works. The vermin control management plan will form part of the Construction Management Plan. This mitigation proposal is contained in the document titled '*Statement of Evidence of Paul Healy, O'Connor Sutton Cronin, Consulting Engineers*' submitted to the Hearing on the 01/12/15.

3.1.14.4 The mitigation measure proposed is reasonable and there is no reason to believe that it will not be effective. Thus the control of the vermin should result in a long-term positive effect on the receiving environment. It would be unreasonable in the circumstances to refuse permission in relation to this matter.

3.1.15 Dust generated

3.1.15.1 Concerns relating to dust generation at the construction stage have been raised by many observers, both in writing to the Board and at the Hearing.

3.1.15.2 The applicant's EIS does acknowledge that there is the potential to adversely impact on the receiving environment, including impacts on human beings, from dust arising at construction stage. The EIS

identifies the receptors here as both the neighbouring residences and the adjacent existing hospital.

3.1.15.3 Chapter 12 '*Air Quality and Climate*' assesses the likely air quality and climate impact of the proposed development. The applicant intends that a Dust Minimisation Plan will form part of the Construction Management Plan (see Appendix 12.2 in EIS Appendix 2).

3.1.15.4 The EIS indicates that dust suppression measures (e.g. damping down during dry periods), vehicle wheel washes at all sites, road sweeping and general housekeeping (e.g. surfaces swept to remove material, speed restrictions, trucks covered with tarpaulin etc.) will ensure that the surrounding environment is free of nuisance dust and dirt. Table 7.6 of the EIS also states that dust monitoring will be conducted through the excavation period. It should also be noted that all sites will be surrounded by hoarding for the construction period which also mitigates dust impacts on adjacent properties. Mr Paul Healy, Consultant Engineer OCSC, presenting for the applicant, reiterated proposals in relation to dust suppression at the Hearing (ref: submission of the 01/12/15).

3.1.15.5 Concerns have also been raised about Aspergillus. In relation to Aspergillus, Chapter 12 of the EIS indicates that prevention works will take place before construction commences. The prevention works will involve sealing the windows to the facades of the adjacent wards in the adult hospital. These works will form part of an Aspergillus prevention plan and will ensure the prevention of Aspergillus spores spreading. Dr. Martin Hogan, a Consultant Occupational & Environmental Physician and director of Employment Health Advisers Ltd., acting for the applicant told the Hearing (on the 02/12/15) that the applicant will apply the *National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis During Construction/Renovation Activities* (National Disease Surveillance Centre 2002).

3.1.15.6 The observers' concerns in relation dust generated and Aspergillus are reasonable, but so too are the applicant's mitigation measures in relation to these potential impacts. Subject to compliance with those mitigation measures there should not be any adverse impacts arising. In the circumstances I would not recommend refusal in relation to these issues.

3.1.16 Asbestos Removal

3.1.16.1 As indicated previously a number of structures are to be demolished at the St. James's site to accommodate the proposed development. Some observers who reside in the area have raised concerns about the removal of asbestos-based material from the site.

3.1.16.2 Asbestos removal is addressed in s.4.3.3 of the Outline Construction Management Plan contained in chapter 4 of the 'Engineering Report' (Volume 4 of the application documentation).

That section acknowledges the likelihood of asbestos within some of the buildings to be demolished. It goes on to outline the procedures and practices to be adopted. It states that all asbestos removal will be fully carried out in accordance with the Safety, Health and Welfare at Work (exposure to asbestos) Regulations 2006 (as amended). In response to concerns raised, Mr Paul Healy, Consultant Engineer acting for the applicant at the Hearing on the 01/12/15, again outlined proposals in relation to the safe removal of asbestos from the site. The matter was further addressed by Dr Edward Porter, Environmental Consultant, acting for the applicant at the Hearing on the 02/12/15.

3.1.16.3 In terms of mitigation of potential impacts, the procedures to be adopted for the removal of asbestos as contained in the Outline Construction Management Plan, and as referred to by Mr Healy and Dr Porter for the applicant at the Hearing, appear reasonable. In addition to the planning codes, there are other legal codes that the applicant will have to comply with should permission be granted and the development proceeds, these include legal codes relating to the safe disposal of asbestos. In the circumstance I would not recommend refusal in relation to this matter.

3.1.17 Air Quality

3.1.17.1 There was a detailed submission to Hearing on behalf of one of the observers in relation to air quality. Dr. Imelda Shanahan of TMS Environment Ltd., acting for The Jack & Jill Foundation, raised a number of concerns in relation to potential impact on air quality arising from the development (ref: submission of the 10/12/15, there was a further submission by Dr Shanahan on the 11/12/15 and a further submission by her read into the record on the 15/12/15 by Mr Eamonn Prenter of CSR acting for The Jack & Jill Foundation in relation to this topic). A submission from Dr Shanahan on air quality also formed part of The Jack & Jill Foundation submission received by the Board on the 02/10/2015.

3.1.17.2 The observer's concerns at the Hearing focused on the emissions from the energy centre. Dr Shanahan was critical of the applicant's EIS that, she held, focused on traffic as the source of pollutants rather than on the energy centre. Dr Shanahan noted that the rate and emission of pollutants from the proposed energy centre is proportional to the amount and type of fuel used. She stated that the emission rate is more significant for oil than it is for gas. She further noted that the EIS indicated that the boilers are dual fuel and can be switched over to run on oil to provide an alternative source of heating should natural gas be unavailable. The observer proceeded to present a number of scenarios to the Hearing. The observer's concerns focused on the use of oil, as opposed to gas, as the fuel to power the

energy centre. She stated that the use of oil is envisaged for considerable periods of time in the EIS but the precise circumstances requiring use of oil have not been clearly delineated in the EIS or the applicant's statements in Module 1 of the Hearing. She reiterated that oil is a dirtier fuel and releases significant amounts of fine particulate matter into the atmosphere when burned. She told the Hearing that the emission of fine particulate matter (PM₁₀ and PM_{2.5}) is more significant for oil than for gas with up to 50 times more emissions than from gas and the EIS did not in any way discuss this impact. She stated that by failing to consider the use of oil and also failing to evaluate the impact of fine particulate matter emissions from the energy centre, the EIS failed to identify and evaluate the most significant impact of the proposed development on air quality. She stated that Air Quality Standards will be breached. Her concerns were not just confined to the operational stage of the development. She stated that the EIS envisages that the existing gas pipelines for the campus will have to be disabled for the construction period which will last for approximately 4 years. Without the natural gas supply, the use of oil will be required and this is a dirtier fuel with very high emissions of fine particulate matter associated with oil.

3.1.17.3 Dr Shanahan summarised the various scenarios she presented at the Hearing in Table 28 of her '*Statement of Evidence*' submitted on the 10/12/2015. In that Table she highlighted that for a number of scenarios tested, the WHO Standard for particulate matter will be exceeded but that for two scenarios EU Air Quality Standards will also be exceeded. One relating to a 50 MW oil-fired scenario and the other relating to a 50MW gas-fired scenario, both EU Air Quality Standards being exceeded related to PM₁₀ particulate matter. She also told the Hearing that for a number of scenarios tested the predictions for nitrogen oxides (NOx) show that the EU Air Quality Standard for protection of vegetation is exceeded.

3.1.17.4 I note here that the EU Standards are regulatory requirements and compliance is mandatory, whereas the WHO Standards are guidelines.

3.1.17.5 The applicant responded to the observer's submission on the 10/12/2015. Firstly, it was clarified that it is proposed to use gas, and not oil, as the main source of fuel, the oil being used in an emergency or 'back-up' situation (ref: Mr Fitzsimons citing, *inter alia*, s.12.6.1.2 'Gas Boilers' in 'Design Report' submitted with the application). Secondly, it was clarified that the power usage of the generator will be a maximum of 38MW, and not 50 MW, as indicated in the observer's submission for a number of the scenarios identified. The applicant

presented Ms Edith Blennerhassett of ARUP to clarify that the 38 MW is a maximum usage figure and takes into account not just the NCH as proposed, but also the possible maternity hospital on the holding, the existing adult hospital, the NCH with 20% expansion, and the possible maternity hospital plus 20% expansion. The two scenarios in which EU Standards would be breached as outlined by the observer therefore are unlikely to arise i.e. the power usage is a maximum of 38MW, not 50 MW, and the fuel source is to be gas, and not oil. The applicant also clarified that the generator is not to be powered by oil for the construction period, gas will continue to be the main source of fuel for the construction period. Ms Edith Blennerhassett of ARUP for the applicant, clarified that the existing gas pipeline will be disabled for a period but that will be for less than half a day as the switchover takes place, and not for the entire c. 4 year construction period. Finally, in a submission received from the applicant on the 14/12/2015 in response to concerns relating to nitrogen oxides, an addendum statement by Scott Cawley for the applicant, stated that the air quality assessments carried out by the observer indicate a maximum increase in NOx levels at c. 1% at the boundary with the nearest European site, there is accordingly no potential for any conservation objective or qualifying interest to be affected by air quality emissions. An addendum statement by Matthew Hague, Consultant Ecologist, for the applicant also on the 14/12/2015 sought to further address the observer's concerns in relation to NOx. The statement holds that current NOx levels in Dublin city centre are above the ambient air quality standard for the protection of vegetation, it was also noted that NOx levels at the EPA's monitoring station at Blanchardstown are even higher again. The statement went on to say that within the sections of the Grand Canal pNHA that fall within the potential zone of influence of the proposed NCH there are no habitats or species that could be considered to be sensitive to the levels of NOx which exist in ambient air in the vicinity of the Grand Canal pNHA. This, coupled with the results set out in the Air Quality assessments undertaken, confirms that the proposed development will have no impacts on ecological receptors within, or associated with, the Grand Canal pNHA.

3.1.17.6 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. Likewise, the observer's scenarios were based on: the existing St. James's energy use; the NCH, and the maternity hospital, but the application before the Board is for the NCH, there is no maternity hospital proposed pursuant to this application, and there are no expansions to either the NCH or maternity hospital proposed pursuant to this application. I therefore do not consider that permission should be refused in relation to this matter.

3.1.18 Flood Risk

3.1.18.1 The main issue of concern here relates to flooding events along Mount Brown/Faulkner Terrace. A significant aspect of the proposal is to provide a new vehicular entrance off Mount Brown to the north of the site to provide access to the basement car park serving the NCH. This area has suffered from flooding events previously. Observers question the appropriateness of creating a vehicular entrance off a public road that is prone to flooding.

3.1.18.2 This flood risk is acknowledged in the application, I refer the Board to, *inter alia*, the 'Site-Specific Flood Risk Assessment' in report titled 'Engineering' (Volume 4 of the application documentation). That FRA identifies flood risks and outlines mitigation measures in relation to: fluvial flooding; tidal flooding; pluvial flooding; existing drainage; proposed drainage infrastructure; groundwater flooding, and flooding from the Grand Canal. Flood risk concerns were also the subject of discussion at the Hearing on day 2 (01/12/15) when Mr Paul Healy, Consultant Engineer for the applicant, addressed issues arising.

3.1.18.3 I note significant changes in ground levels between the application site and Mount Brown to the north. In terms of the main issue arising in the observers' submissions in relation to flood risk, the FRA identifies that the lowest basement level B02 is proposed at a level of 10.2 m AoD, this is above the predicted fluvial and tidal flood levels in the River Camac and the River Liffey to the north of the site. The predicted flood level range for the 1 in 1000 year return period is between 8.8 m – 9.3 m AoD along Mount Brown at the proposed vehicular entrance. With the proposed lowest level in the NCH at 10.2 m AoD, this provides a freeboard for the 1 in 1000 year event of 0.9 m. In relation to access issues, I note that in the 'worst case scenario' that Mount Brown is closed to traffic, access to the basement car park can still be provided via the existing main James's Street entrance which is at a higher level than the proposed Mount Brown entrance, and via the Rialto Gate entrance to the west of the site. I note a report on file

from the 'Surface Water & Flood Risk Management, Environment & Transport Department' of DCC (dated 22/09/15) in which it states, *inter alia*, the following "The Flood Risk Assessment submitted with the application is in accordance with the requirements of the Guidelines for Planning Authorities, dated November 2009, issued by the OPW. There are existing flood issues in the Camac area, downstream of this proposed development. For this area, the residual flood risks appear to remain unchanged". That report indicates no objection subject to condition. Having regard to the foregoing, I would not recommend refusal in relation to flood risk.

3.1.19 Swift population on St. James's campus.

3.1.19.1 In terms of environmental effects of the proposed development under the consideration of 'flora and fauna', I would agree with the assessment of the EIS that all four sites are of limited ecological value. These are, for the most part, brownfield/developed urban sites.

3.1.19.2 There is a written submission on file from the 'Dublin Swift Conservation Group'. That submission notes that St. James's is probably one of the last strongholds for swifts within the Dublin 8 area. It goes on to state that the swift population is in serious decline due to the modernisation of towns and cities. Modern building practices and renovations of older buildings block entrances to traditional nesting sites and render them swift-proof. That observer also attended the Oral Hearing and made a submission on day 9 (the 14/12/2015).

3.1.19.3 In the EIS, at page 9-8, it states, *inter alia*, the following: "Reports of the presence of swifts on the site were brought to the attention of the ecologist and, during evening site visits in June and July 2015 a number of swifts were recorded flying over and around the site. Swifts were seen flying near known nest sites in buildings in the eastern part of the St. James's Hospital campus during the surveys. No swift nests were recorded within any of the areas proposed for demolition, nor were any found by the ecologists contracted to undertake the bat survey work...." The EIS, at page 9-17 goes on to outline mitigation measures: "As part of the proposed construction, and in order to replace potential lost nesting sites, a minimum of six Schwegler Triple Cavity Swift Boxes will be installed. These boxes will be placed under eaves of existing or proposed buildings, (at a minimum distance of 5m from the ground), in an appropriate place, in accordance with the advice of a competent ecologist." Mr Matthew Hague, Consultant Ecologist acting for the applicant, told the Hearing (ref: day 3, 02/12/2015) that no swift nests were recorded within any of the areas proposed for demolition. He sought to respond to the observer's submission, referring to mitigation measures proposed.

3.1.19.4 The observer's submission to the Hearing referred to specific concerns about renovation works being carried out to certain buildings on the campus, those works, and buildings, are not subject of this

application. Having regard to, *inter alia*, the fact that no swift nesting areas were recorded in the EIS on the actual application site itself, and also having regard to the mitigation measures proposed in the EIS and as referred to in the submission by Mr Hague to the Hearing, I would not recommend refusal in relation to this issue.

3.1.20 Drimnagh Sewer

3.1.20.1 A trunk sewer, known as the Drimnagh Sewer (consisting of 1 surface water and 1 combined trunk sewers), runs across the site from south to north. To facilitate the development this sewer is to be realigned. A number of options for this realignment were assessed, ref: '*Options Report for Drimnagh Sewer Realignment*' in section 2 of '*Engineering Report*' (Volume 4 of the application documentation).

3.1.20.2 The proposed development and diversion of the Drimnagh Sewer were subjected to a Development Impact Assessment (DIA) conducted by WS Atkins International Ltd for DCC and Irish Water. The purpose of the DIA was to determine the impact of the proposed development on the city's sewerage system. It is on file in section 2 of the above mentioned '*Engineering Report*' (Volume 4 of the application documentation).

3.1.20.3 As indicated previously, a report on file from the '*Surface Water & Flood Risk Management, Environment & Transport Department*' of DCC (dated 22/09/15) indicates no objection to the proposal, there is also a report on file from *Irish Water*, dated 01/10/2015, indicating no objection subject to conditions. There is nothing on file to indicate that the proposed realignment would adversely impact on the receiving environment, on the contrary, modernisation of the drainage system as proposed constitutes a positive impact on the environment. Subject to condition, I would not recommend refusal in relation to this matter.

3.1.21 Community Gain

3.1.21.1 Noting the provisions of the s.37G(7)(d) of the Planning & Development Act 2000 (as amended) a number of observers have made requests in relation to 'community gain' conditions. Dublin City Council in its submission (received 16/10/15) has also requested that the Board consider utilising this provision of the Act to ensure the applicant's commitment going forward to the already established Community Benefit Oversight Group (which includes representatives of the applicant, DCC, local regeneration groups/community groups, St. James's Hospital Board, Dept. of Social Protection, Education & Training Board Dublin, An Garda Síochána, the HSE and Tusla).

3.1.21.2 I note the strong support on file from a number of community groups, area regeneration groups, some elected members and businesses in the Dublin 8 area to the proposed development.

3.1.21.3 In considering this matter I have had regard to, *inter alia*, Chapter 5 of the EIS, the contents of '*Harnessing the Potential - Maximising the community benefit from the new children's hospital*' in chapter 4 of Volume 1 of the application documentation, which includes, *inter alia*, reference to 'social clauses' during the procurement process, and '*Dublin's Health & Innovation Corridor – National Paediatric Hospital Project: Local Regeneration Opportunities*' in chapter 4 of EIS Appendix 2. I have also considered the submission to the Hearing on the 01/12/15 by Stephen Hollowood, Town Planner, acting for the applicant in which he outlined the urban regeneration potential for the receiving environment and I further note the applicant's reiteration of its commitment to community gain in the submission of John Pollock, Project Director, to the Hearing on the 02/12/15

3.1.21.4 Given the commitments and proposals from the applicant in the application documentation and at the Hearing, and subject to a standard condition requiring compliance with plans and particulars on file, I am not convinced that additional conditions are required to ensure the applicant's commitment in the area of community gain.

3.1.21.5 There is no doubting the significant urban regeneration potential arising from this development at this location, this constitutes a long-term positive impact for the Dublin 8 area. In addition, the NCH itself will deliver substantial gain in the field of child healthcare, locally, regionally and nationally, this can also be considered a long-term positive impact on 'Human Beings' (having regard to environmental factors as listed in s.171A of the Planning & Development Act 2000). Other long-term positive impacts arising for 'Human Beings' include employment opportunities, both for the construction stage and operational stage. These include direct impacts via employment opportunities on the site itself, and indirect positive impacts arising from commercial and other employment activities that can be generated in the wider area ('spin-offs'). Given the nature of the development, and the applicant's 'community gain' proposals, I am not convinced that there is justification to apply any further 'community gain' conditions.

3.1.22 Davitt Road Construction Compound

3.1.22.1 As stated previously in this assessment, the proposed development also relates to a construction compound on the Davitt Road in Drimnagh, Dublin 12 (see 'Traffic impacts - Construction Stage' above in this assessment). It is located c. 1.6 km to the south-west of the St. James's construction site. Its primary purpose is to accommodate dry storage and a staging area during the construction stage.

3.1.22.2 The site here is of c. .8 ha and is located towards the centre of a larger holding of c. 1.29 ha. It is zoned Z10 in the CDP. It appears the overall holding once accommodated a large industrial building but this has been demolished. It is a vacant site with the Davitt Road running

along its northern boundary, the Red Luas line also runs along this road. Lands to the south-east, south and west of this holding accommodate, for the most part, established residential areas with dwellings backing onto this holding. The boundary between the holding and these neighbouring dwellings consists of a c. 2.2 m high concrete blockwork wall. There is an existing vehicular entrance off the Davitt Road, it is proposed to utilise this entrance for the duration of the use of this site as a construction compound. This existing entrance is located along a straight stretch of the Davitt Road, sight visibility in both directions is good. There is a footpath along the frontage with the public road. The St. John Bosco Youth Centre is located to the east of the subject holding. Permission was granted recently on the holding to the west of the proposed compound for an ambulance centre, work has not commenced on that development to date (ref: 2309/15).

3.1.22.3 Some observers have raised concerns with the proposal at Davitt Road. The concerns relate to increased traffic, noise, dust and pollution. Some are also seeking that the likely impacts on the local community be offset by some form of community gain such as improvements to the local environment, community facilities and local employment opportunities.

3.1.22.4 The compound at Davitt Road is only to be in use for the duration of the construction activities at the St. James's site and, as indicated previously, that is estimated to last for some four years. In that regard, any impacts arising will be for a limited period. The compound itself will be located towards the centre of the holding and a considerable remove from the holding's boundaries with the neighbouring dwellings (ref: see drg. No. NPH-A-OCMA-DR-XX-DR-0011). There will be 2.4 m hoarding around the compound and a berm on the site is to be relocated further south-east on the holding to provide a buffer between the compound and the nearest dwellings to the south-east. Given the distances proposed between the compound and the dwellings, and also noting the existing boundary walls to be retained, and further hoarding to be added around the compound, in addition to other mitigations proposed such as restricted construction working hours and wheel washes proposed at all sites, I am satisfied that there should be no adverse impacts on neighbouring residential amenities for the duration of the use of this site as a construction compound. As indicated under 'Traffic impacts - Construction Stage' above in this assessment, I am satisfied that subject to compliance with the mitigation measures proposed: in the EIS; in the application documentation, and as referred to at the Hearing, and subject to condition, the traffic impacts can be maintained within acceptable

levels for the construction stage, which is of a limited period. The proposals do not pose an unacceptable risk to traffic safety. The use of this site on Davitt Road will allow the contractor to manage movements of material to the construction site at St. James's so that they are undertaken at suitable times that minimise traffic impacts on the local road network. The use of this site at Davitt Road also mitigates other potential impacts at the construction site at St. James's, but it does so without creating adverse impacts on its own receiving environment. Given the separation distances involved at the Davitt Road site, there are no concerns relating to overlooking, overshadowing or loss of daylight in relation to the neighbouring dwellings. The compound will be for dry-goods storage only, no excavations or major construction works are proposed here. Therefore, the potential for impacts on the hydrology, hydrogeology, soils and geological environment at this location are very limited. The EIS indicates that there are no features of an ecological value recorded at this site. It also indicates that there will be no construction or demolition waste generated here. There are no recorded monuments on the site. It is noted that one of the observers refers to 'an agreement in principle' to give a small part of the holding to a neighbouring youth centre, I am of the opinion that such an agreement is a civil matter between the relevant landowners, the applicant does not own the landholding, the HSE owns the subject lands (ref: letter of consent from the HSE dated 27/07/15 in Volume 1 of application documentation), I would not, therefore, recommend a condition requiring such a proposal. I note that Mr John Pollock who is Project Director for the applicant told the Hearing on the 02/12/15 that further consultations will be had with residents in proximity to the proposed Davitt Road compound.

3.1.22.5 Having regard to the forgoing, I am of the opinion that the proposed construction stage compound at Davitt Road will not adversely impact on the receiving environment and would not be contrary to the proper planning and sustainable development of the area.

3.1.23 Satellite Centre at Tallaght Hospital

3.1.23.1 The applicant states that the National Model of Care for Paediatric and Neonatology provides the foundation for the integrated nature of the project before the Board. It is stated that this Model will operate on a 'hub and spoke' basis, in this instance the 'hub' is the NCH at St. James's and it will have two 'spokes' provided in the form of satellite centres, one at The Adelaide & Meath Hospital Dublin, also known as Tallaght hospital, and the other at the James Connolly Memorial Hospital in Blanchardstown. These satellite centres will

deliver secondary care for the GDA, providing urgent care and outpatient care. It is stated that the satellite centres will also have a crucial role to play in dealing with the projected patient numbers contained in the Model of Care, specifically Emergency Department attendances and will provide c.41% of the urgent care and c.14% of outpatient activity. Staff will be rotated between the NCH and the satellite centres. The satellite centres will provide paediatric services to the child population outside of the M50 to the north, north-west, south and south-west areas of Dublin, Kildare, West Wicklow and parts of Meath.

3.1.23.2 The satellite centre at Tallaght hospital will, in part, form a new build extension to the existing hospital and, in part, incorporate some of the existing ground floor of the main hospital building. The satellite centre will be located on the eastern side of the hospital, south east of the main entrance on a site of stated area of 1.04 ha. The new building will be located on a triangular shaped green space, bound to the north, south and east by internal hospital roads. The development will also incorporate a small portion of the internal road and car park to the south. The site is relatively flat and being located to the west of the main internal hospital road is removed from the surrounding uses to the east. The satellite centre here will have a gross floor area of 4,466 sq.m. including the incorporated existing floor area. The proposed building will be three storeys in height, or up to 15.575 m at its highest point. The proposal includes for the relocation of 25 no. visitor car parking bays to the south-east of the satellite centre and 2 no. delivery parking bays adjacent to the existing building. A new pedestrian access will be provided from the existing footpath along the hospital road to the east with a new pedestrian crossing being created to allow safe access across the junction of the perimeter access road. A new entrance canopy will be provided linking the main entrance to the existing drop off area adjacent to the canopy. The proposal also provides for all ancillary building and directional signage, landscaping, construction and site development works including minor alterations to the internal roads and footpaths and the demolition of the existing hospital crèche and staff changing facilities unit, both single storey modular prefabricated buildings. The construction phase is expected to last 18 months (ref: s. 5.2.6 of the EIS). At operational stage it is expected that some 90 staff will work in the satellite centre (ref: s.5.6.2.2 of the EIS).

3.1.23.3 The scale, massing and height of the proposed satellite centre here is consistent with the scale, massing and height of the existing main hospital building on this campus. The design is well-integrated with the existing. Given the separation distances and heights proposed, and also having regard to the receiving environment, there are no concerns here in relation to overshadowing, loss of daylight or overlooking. There are no protected structures on the campus (ref: page 16-68 of the EIS) and there are no recorded monuments in the vicinity of the proposed development (ref: s.15.2.3 of the EIS), subject

to proposed mitigation, I am satisfied that there will be no adverse impacts on either the architectural or archaeological heritage of the area. The proposed development is compatible with the established land use at this location. It does not conflict with any of the policies or objectives of the South Dublin County Council Development Plan 2011-2016 or section 4.11 of the Tallaght Town Centre Local Area Plan. Subject to mitigations proposed, there are no predicted significant impacts arising in relation to soil and geology as indicated in s.7.2 of the EIS.

3.1.23.4 Of the 115 observer submissions received (excluding the submissions from the planning authorities and the prescribed bodies), none raised any specific concerns relating to the proposed satellite centre at Tallaght hospital. Some observers did indicate that the NCH itself should be located at Tallaght hospital. One observer at the Hearing (on the 09/12/15), the Tallaght Hospital Action Group, did raise a concern about funding for the existing hospital in the context of accommodating the satellite centre there, I am of the opinion that this is not a matter for the Board to consider.

3.1.23.5 A report was received from South Dublin County Council. It contains a number of technical reports from various departments in the Authority. A report from the Environmental Services Department – Surface Water Drainage (dated 14/09/15) recommends additional information. The additional information request relates to surface water drainage and SuDS. I am of the opinion that these matters, which are not material, can be addressed by way of condition. A report from the Environmental Services Department – Waste Management (dated 11/09/15) recommends permission subject to condition. A report from the Parks Department (dated 11/09/15) states no objection to the proposal in principle, in the event of permission it recommends a number of conditions. A report from the Architects Department indicates no objection in principle, amendments recommended. Urban Design Officer Report (dated 14/10/15) does not indicate any objection, issue raised in relation to a guard rail along the access road. A report from the Roads Section (undated) raises a number of issues and recommends further information be sought. The Roads Section holds that a traffic assessment of adjacent junctions should be carried out. The applicant in response told the Hearing (ref: Mr Donal McDaid, Director ARUP, 01/12/15) that the proposed satellite centre will accommodate less than half of the functions currently carried out at the children's hospital in Tallaght. That children's hospital is to be transferred to the NCH at St. James's. When the satellite centre and the NCH are operational, there will be an overall reduction in staff, patient and visitor numbers, and consequently, in the number of trips in

and out of the Tallaght hospital. The applicant is not proposing any additional car parking spaces at Tallaght to serve the proposed satellite centre (ref: s.6.2.4.2 of the EIS). The Roads Section did raise a concern that the existing children's hospital which is to be vacated could be used for other services with trip generation consequences for the road network. Mr McDaid for the applicant told the Hearing that the design team has been satisfied by Tallaght hospital that the space vacated by the existing children's hospital is not envisaged to be occupied with any activity that would be reflected in additional employment or patient visits and therefore no additional traffic should be accounted for, a letter from Tallaght hospital was submitted to the Hearing to this effect. In the circumstances, this response appears reasonable. I would also note that the junctions referred to by the Roads Section are outside of the control of the applicant and the outside of the existing Tallaght hospital holding. The actual floor area of the new-build is 3,142 sq.m., the remainder utilising existing floor space, it is not a large development proposal as such. The existing children's hospital is to be transferred to St. James's. The satellite centre is being proposed in a town centre location within walking distance of several bus routes (ref: Figure 6.92 of the EIS). The Hospital Red Luas line stop is immediately to the west of the site. It is stated in s.6.2.3.3 of the EIS that the total number of car parking spaces currently available within the Tallaght campus is approximately 1,730 spaces, including some 520 spaces in a multi-storey car park to the north of the proposed satellite centre. Notwithstanding the Roads Section's request for a parking assessment, the applicant's contention that there will be a reduction in car parking demand as a result of the relocation of the children's hospital off the campus appears reasonable. Both the Roads Section and TII (ref: report dated 02/09/15) raised concerns about the failure of the hospital authorities to open the access gate directly adjacent the Luas Hospital stop which would provide direct access to the hospital campus. I agree with this concern. However, there was some degree of discussion about this existing gate at the Hearing. In response to a specific question from the Inspector, Mr Neil Orpwood for the applicant told the Hearing that in the event of permission being granted the applicant would not have a difficulty in a condition linking the commissioning of the satellite centre with the commissioning of the gate (ref: day 2 of the Hearing c. 9:45 a.m.), I would recommend such a condition in the event of permission being granted. This Luas line provides direct connection to the St. James's campus. I would recommend that the hours that the gate remains open throughout the day be agreed with the planning authority, although I do not consider it necessary to require the gate to be open 24 hours as suggested in the p.a. report to the Board, the Luas service

is not 24 hours. South Dublin County Council were not in attendance at the Hearing and therefore did not hear the response from the applicant to their concerns submitted in writing to the Board. Noting, *inter alia*, the responses from Mr Orpwood and Mr McDaid (ref: both on the 01/12/15) on behalf of the applicant to the issues raised by SDCC, I am of the opinion that these matters can be addressed by way of condition and additional information is now not warranted. In the event that permission is to be granted, in addition to a condition relating to the gate adjacent the Luas stop, I would recommend that the location and layout for a parent drop-off facility be agreed with the p.a. A Mobility Management Plan should also be agreed with the p.a. The report from SDCC to the Board did recommend a number of conditions should permission be granted, I would also note SDCC's closing comment in their report: "...*South Dublin County Council's overriding view is that this proposed development will be a positive addition to the existing hospital campus and will provide specialised and segregated urgent and out-patient care for children. Accordingly it is the view of the Council that the application should be granted permission by An Bord Pleanála*" (ref: page 19 of SDCC report received 16/10/15).

3.1.23.6 Subject to condition and subject to the implementation of the mitigation measures as contained in the EIS, the application documentation and as referred to at the Hearing, I am of the opinion that the proposed satellite centre at Tallaght will not adversely impact on the receiving environment. The proposed development here would be in accordance with the proper planning and sustainable development of the area. I would therefore recommend that permission be granted for this centre.

3.1.24 Satellite Centre at Connolly Hospital

3.1.24.1 One of the two proposed satellite centres will be located in the grounds of Connolly Memorial Hospital located to the north-east of the N3 in Blanchardstown, Dublin 15. It will provide urgent and out-patient care. It will be three storeys high and will accommodate 4,990 sq.m. of floor space. It will be constructed as an extension to the existing general hospital that operates on the overall holding. The satellite centre will be located to the front of the existing hospital but offset to the east of the existing main entrance. It will have its own entrance off a reconfigured existing hospital set-down and pick-up area located at its western end. The urgent care entrance will be located on the eastern side of the proposed building adjacent to the ambulance parking area. It is estimated that approximately 90 staff will work at the satellite centre with an estimated 15,000 outpatient appointments and 25,000 urgent care visits to be catered for annually. The proposal

includes for 34 additional visitor surface car parking spaces and 46 staff parking spaces, as well as additional bicycle parking facilities. The satellite centre and the existing hospital are located in a large open parkland setting.

3.1.24.2 Of the 115 observer submissions received (excluding the submissions from the planning authorities and the prescribed bodies), none raised any specific concerns relating to the proposed satellite centre itself at Connolly hospital.

3.1.24.3 The original hospital was built in the mid-1950s for the treatment of tuberculosis. Its healthcare services and the original structure have been significantly extended since then. The proposed use is compatible with the established hospital use on the holding and does not conflict with the land-use zoning objective, or any other objective or policy, in the statutory development plan for the area, in my opinion. The scale, massing and height of the proposed satellite centre is appropriate and reflects those of the existing hospital. It is well-sited and integrates appropriately with the existing hospital. It does not detract from the existing building. It is a significant remove from existing residential developments, the nearest being located to the north of this large landholding, there are therefore no concerns relating to overlooking, overshadowing or loss of daylight. Likewise, given the separation distances involved, and also having regard to hoarding and other mitigations proposed, construction stage noise impacts on residences will be kept to within acceptable levels. At other sensitive receptors such as the existing clinical buildings, an internal noise limit of 45dB Laeq will be applied. There are no recorded monuments on the application site at this location. The site is located on the former Sheephill Demesne, however, this part of the former demesne contains the existing Connolly hospital complex and modern residential developments, therefore the proposed development will have no direct potential impact on the architectural heritage of the area, in my opinion. The loss of an area of open green space to accommodate the satellite centre will have little impact on the operation of the existing hospital as large generous open green spaces remain elsewhere on the holding. At operational stage the satellite centre is expected to generate approximately 60 trips, two-way, during the morning peak period and 50 trips, two-way during the evening peak. The main vehicular accessing being off an access junction located adjacent to the N3/M50 interchange. The EIS, in s.6.3.5.2, indicates that all junctions in the vicinity of the site will continue to operate within capacity at operational stage.

3.1.24.4 This site is located within the administrative area of Fingal County Council. The Authority submitted a report from the Chief Executive Officer (ref: report dated 14/10/15), representatives of Fingal County Council also attended the Hearing (ref: Day 4 – 07/12/15). That report includes technical reports from: the Transportation Planning Section; the Heritage Officer; the Environment Section; Architects' Department, the Architectural Conservation Officer; the Environmental Health Officer, and the Water Services Section, all indicate no objection with some recommending conditions in the event of permission being granted.

3.1.24.5 The OPW Flood Hazard Mapping does not record any flooding event at the site of the satellite centre or within the wider hospital campus. However, information from CFRAM website shows an area to the east of the proposed satellite centre hatched in blue and states that this area is described as 'Fluvial Indicative 1% AEP (100 year Event)', I draw the Board's attention to Figure 17.5 of the EIS which indicates this area at risk. Section 17.3.4.4 'Flooding' of the EIS assesses that this area is not impacting on the proposed building location but does include a section of the new access road providing access to the ambulance area serving the satellite centre. In addition, a small zone described as 'Pluvial Indicative 1% (100 year event)' is referred to in the EIS, this appears to relate to a localised low point on the site. Section 17.3.4.3 of the EIS indicates that the OPW guidelines state that as a hospital, the satellite centre would be classed as a highly vulnerable facility and would therefore be suited to Flood Zone C. Based on the OPW Flood Risk Management Guidelines, the EIS assesses that the satellite centre is in Zone C, while the ambulance road is Zone B. The EIS in s.17.3.4.4 goes on to state that a finished floor level of 54.45 m OD is proposed to suit the access roads while minimising the difference to the existing hospital levels. The EIS further states that the PFRA mapping indicates an approximate maximum fluvial flood level of 53.85m OD giving a 600mm difference which is in excess of the 500 mm recommended by the OPW Flood Design Guidelines. In addition, the overall site falls steeply to 53.1 m OD at the south east corner of the development location, and continues to fall to a level of approximately 48 m OD at the Tolka River. With regard to the pluvial flooding noted, the EIS states that the existing ground levels have resulted in a low spot in the centre of the proposed building that is unable to drain due to the condition of the existing drains on site. However, as these drains are to be removed as part of the works and the low point will no longer exist, this is not considered relevant. As stated above, the structure is in Zone C, while the ambulance road is in Zone B. Regardless, the EIS goes on to state in s.17.3.4.4 that additional surveying is being undertaken and a catchment analysis for the stream is proposed to ensure that there are no residual issues. In the event that the additional catchment analysis indicates that the extension is subject to fluvial flooding, options may include bunding, flood gates integrated into the structure, re-grading of the existing roads, amongst others.

3.1.24.6 There is an existing acute hospital operating on this holding. The proposed ambulance access road to the satellite centre is off an existing internal access road that serves the A&E department of the existing hospital, therefore, if this flooding event was to occur it would not just impact on the satellite centre but would also have implications for access to the existing hospital. I also note that access to the satellite centre would still be possible from its western side in the event of this flooding scenario. This application is for an extension to the existing hospital on the holding. In a 'worse case' impact and the satellite centre was forced to cease operations, end-users could be redirected to the satellite centre at Tallaght or the NCH itself at St. James's, the Board will note that the satellite centres do not accommodate in-patient wards. As stated previously, Fingal County Council have not raised any concerns in relation to the proposal. In the event of a grant of permission I would recommend that final mitigations such as bunding, flood gates or re-grading of existing roads as referred to in the EIS be agreed with the planning authority prior to the commencement of development.

3.1.24.7 Subject to condition and subject to the implementation of the mitigation measures as contained in the EIS, the application documentation and as referred to at the Hearing, I am of the opinion that the proposed satellite centre at Connolly hospital will not adversely impact on the receiving environment. The proposed development here would be in accordance with the proper planning and sustainable development of the area. I would therefore recommend that permission be granted for this centre.

3.1.25 Environmental Impact Assessment

3.1.25.1 I am of the opinion that the applicant's EIS and associated documents are detailed and comply with statutory requirements (i.e. Article 94 and schedule 6 of the Planning & Development Regulations 2001 as amended) and EPA Guidelines. All of the applicant's documentation has been considered in the context of carrying out an EIA. Furthermore, I have had full regard to all written submissions to the Board by the three planning authorities in which the development sites are located and full consideration was given to all submissions received from the prescribed bodies and the observers when considering environmental impact assessment. In addition, the 10 day Oral Hearing constitutes an integral part of the EIA process and contributed to the identification and assessment of the key likely significant effects arising. I am satisfied that there is sufficient information on file to carry out a full environmental impact assessment.

3.1.25.2 In that regard, in addition to considering the proposal in the context of the likely consequences for the proper planning and sustainable development of the area, the Board will have noted that the foregoing assessment has also considered the likely effects on the environment of the proposed development in relation to the main issues arising. I have, in the foregoing, identified, described and assessed the key likely significant effects which relate to: construction stage and operational stage traffic impacts; visual impact relating to height, massing and scale; potential impacts on existing neighbouring residential amenity relating to overlooking, privacy, overshadowing, access to daylight and sunlight; potential impacts relating to noise, vibration and settlement; the proposed helipad; cumulative impact arising from the demolition of Garden Hill House and the chapel on the architectural heritage of the area; potential cultural heritage impacts relating to the 1916 Rising; archaeological heritage, proposed on-site open space provision; impact arising from the disturbance of vermin on the sites; impact of dust generated on identified sensitive receptors; air quality; removal of asbestos; potential impact on swift population on the St. James's campus, and the relocation of the Drimnagh Sewer that runs across the St. James's site. The Board will have noted that the identification, description and assessment (including mitigations where applicable) of the key likely significant effects were applied across all development proposed across all four development sites. I therefore do not intend to repeat the assessment referred to above here again.

3.1.25.3 The EIA carried out has sought to focus on the effects of the proposed development on various environmental factors. In the interest of clarity, noting the specific requirements of s.171A(1) of the Planning & Development Act 2000 (as amended), I wish to clarify that all factors listed in the said s.171A were fully considered. For example, for 'Human Beings' the likely significant effects identified, described and assessed include overlooking, privacy matters, overshadowing, noise, vibration, open space provision, air quality, impact from vermin, asbestos removal, dust generated, healthcare provision, trip generation on local roads, access to the NCH by end-users and staff; employment generation, social clauses etc. For 'flora and fauna' the likely significant effects here identified, described and assessed relate to tree loss and the swift population on the St. James's campus. Under 'soil, water, air, climate and the landscape' likely significant effects considered included flood risk, settlement, excavation works, Drimnagh Sewer diversion, energy centre emissions, and scale/massing/height in the context of urban landscape visual impact. For 'material assets and the cultural heritage' the likely significant effects identified, described and assessed included flood risk, archaeological heritage impacts, the

demolition of Garden Hill House and the chapel in the context of architectural heritage protection, and cultural heritage issues pertaining to the 1916 Rising.

3.1.25.4 The Board will have also noted the section in my assessment above titled '*Alternatives considered in the context of site selection*'. I have also considered Chapter 4 '*Examinations of Alternatives*' in the applicant's EIS which includes an examination of alternative locations for development within the sites themselves and alternative design solutions. As also previously mentioned in my assessment above, alternative helipad locations and alternative options for the realignment of the Drimnagh Sewer were examined and are referred to in Chapter 4 of the EIS and elsewhere in the applicant's documentation. Alternative processes relating to the phasing of the development and building construction processes were examined and referred to in Chapter 4 of the EIS. The applicant's conclusions on alternatives considered are reasonable and robust in my opinion.

3.1.25.5 In relation to the impact on the architectural heritage of the area, the loss of both Garden Hill House and the chapel cannot be mitigated by avoidance with an alternative design for the NCH at this location, in my opinion.

3.1.25.6 I have considered the interaction of the likely significant effects of the proposed development on particular aspects of the environment. I refer the Board to Chapter 18 '*Interactions and Potential Cumulative Impacts*' of the EIS which contains a reasonable assessment of the interactions and potential cumulative impacts, in my opinion. I would conclude that having regard to, *inter alia*, the mitigation measures proposed, the likely residual effects arising are acceptable.

3.1.25.7 In summary, having carried out an environmental impact assessment, and having regard to the mitigation measures proposed, I consider it reasonable to conclude the following:

-in relation to 'human beings, flora and fauna', the proposed development would not adversely impact on the receiving environment,

-in relation to 'soil, water, air, climate and the landscape', the proposed development would not adversely impact on the receiving environment,

- in relation to 'material assets and the cultural heritage', the proposed development will adversely impact on the local architectural heritage by reason of the demolition of the chapel and Garden Hill House, the impact will be permanent, and

- in relation to 'the interaction between the factors mentioned above', the proposed development would not adversely impact on the receiving environment save for the aforementioned impact on the local architectural heritage.

3.1.25.8 Having considered all information on file I would conclude that the proposed development, with the exception of the impact on the architectural heritage of the area, would not adversely impact on the receiving environment - subject to the implementation of the mitigation measures proposed and compliance with conditions recommended at the end of this report.

3.1.26 Appropriate Assessment

3.1.26.1 The application includes a '*Screening Report & Natura Impact Statement*' (ref: Chapter 5 of '*Documentation*', Volume 1 of application documentation). That document took account of all four development sites and works proposed on each: St. James's site; the Davitt Road compound site; the Tallaght hospital site, and the Connolly hospital site.

3.1.26.2 For the '*Stage 1 – Screening*', all Natura 2000 sites within a 1km, a 5km and 15km radius of all four development sites are listed and mapped. Their qualifying interests and any relevant source-pathway-receptor links are also listed. Potential for significant impacts from the proposed development on the Natura 2000 sites are considered. The distance between the development sites and the Natura 2000 sites is indicated. I refer the Board to Figures 1, 2, 3, 4 and 5, and to Table 1 of the '*Screening Report & Natura Impact Statement*' for the above mentioned information. There are 17 Natura 2000 sites considered, these are:

- North Dublin Bay cSAC 000206
- South Dublin Bay cSAC 000210
- Baldoyle Bay cSAC 000199
- Howth head cSAC 000202
- Red Bog cSAC 000397
- Malahide Estuary cSAC 000205
- Rockabill to Dalkey Island cSAC 003000
- Glenasmole Valley cSAC 001209
- Wicklow Mountains cSAC 002122

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- Koncksink Wood cSAC 0725
 - Rye Water Valley/Cartron cSAC 001398
 - South Dublin Bay and River Tolka Estuary SPA 004024
 - North Bull Island SPA 004006
 - Baldoyle Bay SPA 004016
 - Malahide Estuary SPA 004025
 - Dalkey Islands SPA 004172
 - Wicklow Mountains SPA 004040

3.1.26.3 I have considered the conservation interests of the 17 Natura sites within a 15 km radius of the development sites and I have assessed the likely direct, indirect or secondary impacts of the proposed development (either alone or in combination with other plans or projects) on those Natura 2000 sites.

3.1.26.4 It is reasonable to conclude that on the basis of the information on the file, which I consider adequate in order to issue a screening determination, that the proposed development across the four development sites, individually or in combination with other plans or projects would not be likely to have a significant effect on 13 of the above listed 17 Natura 2000 sites in view of those sites' Conservation Objectives at either construction or operational stage, and a Stage 2 Appropriate Assessment for those 13 sites is not therefore required. This conclusion relating to 13 of the Natura sites is based on: distances involved between the Natura sites and the development sites (e.g. the nearest site being the Glenasmole Valley cSAC to the Tallaght hospital site, a distance of c. 3.8 km); the Conservation Objectives of the 13 Natura sites (e.g. no risk of noise or other disturbance impacts to Special Conservation Interest bird species in the listed SPAs given the separation distances involved, the nearest SPA is the Wicklow Mountains SPA which is c. 8 km from the Tallaght hospital site which is already a developed urban site), and an assessment of the 'source-pathway-receptor' potential (e.g. the aforementioned Glenasmole Valley cSAC has no hydrological or any other linkage with the Tallaght hospital site or any of the other development sites).

3.1.26.5 The applicant's '*Stage 1 – Screening*' report holds that it is not possible to exclude, on the basis of objective information, that the proposed development, individually or in combination with other plans and projects, will have a significant effect on 4 of the above listed

Natura 2000 sites. The Screening Report states that the only potentially significant risks to those 4 sites (in the absence of mitigation) arises from potential construction-related surface water discharges from the four development locations as well as the possibility of escape and spread of non-native invasive plant materials, which could be disturbed during construction works, and the potential for these effects to reach the downstream Natura 2000 sites. I concur with, and adopt, this assessment, but in so doing, I am applying the 'precautionary principle' in this instance. The 4 Natura sites concerned are:

- North Dublin Bay cSAC 000206
- South Dublin Bay cSAC 000210
- South Dublin Bay and River Tolka Estuary SPA 004024
- North Bull Island SPA 004006

3.1.26.6 The applicant, following on from the '*Stage 1 – Screening*', then goes on to prepare a NIS in relation to the above 4 sites. Site specific conservation objectives for the Qualifying Interests of North Dublin Bay cSAC, South Dublin Bay cSAC and the Special Conservation Interests of South Dublin Bay and River Tolka Estuary SPA and North Bull Island SPA are provided in Table 2 of the applicant's NIS, whilst Table 3 summarises the current conservation status of the qualifying interests and conditions underpinning site integrity for relevant Natura 2000 sites.

3.1.26.7 In identifying the qualifying interests potentially exposed to risk from the development, the NIS notes that all of the intertidal and estuarine habitats within Dublin Bay's Natura 2000 sites would be potentially at risk from silt laden surface water discharges, contaminated water discharges or an accidental pollution incident during construction works associated with the proposed development, if they were of a sufficient magnitude and duration to affect water quality in Dublin Bay. South Dublin Bay and River Tolka Estuary SPA and North Bull Island SPA are designated for a range of wintering bird species. The intertidal and estuarine habitats of North Dublin Bay and South Dublin Bay are used by Qualifying Interest wintering bird species for feeding and roosting. Therefore they would be vulnerable to the effects of silt laden surface water discharges, contaminated water discharges or an accidental pollution incident during construction works associated with the proposed NCH development, if they were of a sufficient magnitude and duration to affect water quality in Dublin Bay. All of the intertidal and estuarine habitats within Dublin Bay's European sites would be potentially at risk from the possibility of escape and spread of non-native invasive plant materials, which could be disturbed

during construction works. The level and significance of this risk would depend on the species involved and its ability to survive in a brackish or marine environment.

3.1.26.8 It is reiterated here that the above risks arise at construction stage and not operational stage of the proposed development. Mitigation measures to address potential impacts on water quality are referred to in the NIS, they are also contained in other application documentation including the EIS. The previously mentioned *Outline Construction Management Plan* covers all potentially polluting activities and includes mitigation measures for critical elements such as storage and handling of harmful materials. The NIS also cites specific mitigation measures relating to the release of hydrocarbons, polluting chemicals, sediment/silt and contaminated waters control, these are also contained in Chapters 7 and 8 of the EIS. The NIS also proposes mitigation measures to address the potential escape and spread of invasive plant species. I consider that the mitigation measures proposed are clearly described, they are all reasonable, they have been successfully used in other developments, and they are practical and enforceable.

3.1.26.9 The applicant's NIS concludes, *inter alia*, that there is no potential for any direct impacts to Natura 2000 sites to arise from the NCH project development either alone or in combination with other plans or projects.

3.26.10 In its report to the Board (dated September 2015), DCC, for the St. James's site and Davitt Road site, stated that they consider that the applicant's submitted '*Screening Report & Natura Impact Statement*' adequately addresses the potential impacts on European sites and considers that the proposed mitigation measures outlined in the EIS will adequately mitigate against the potential for negative impacts. In its report to the Board (dated October 2015), Fingal County Council, for the Connolly hospital site, noting the applicant's NIS, stated that it was their view that the proposed development will not have significant adverse impacts on Natura 2000 sites either alone or in combination with other plans and projects. In its report to the Board (dated October 2015), South Dublin County Council, for the Tallaght hospital site, stated that its Heritage Officer concurs with the conclusions of the '*Screening Report & Natura Impact Statement*'.

3.1.26.11 I consider it reasonable to conclude on the basis of the information on file, which I consider adequate in order to carry out a 'Stage 2 Appropriate Assessment', that the proposed development, individually or in combination with other plans or projects would not adversely affect the integrity of North Dublin Bay cSAC, South Dublin Bay cSAC, South Dublin Bay and River Tolka Estuary SPA or North Bull Island SPA, or any other European site, in view of the sites' Conservation Objectives.

3.2 CONCLUSION AND RECOMMENDATION

- 3.2.1 The NCH is a long awaited and much needed national strategic development. Development of the nature and scale proposed has the potential to adversely impact on the receiving environment. However, the applicant has, through various iterations and through mitigation measures proposed, arrived at a proposal whereby the impacts can be kept within acceptable levels in my opinion, save for the adverse impact on the local architectural heritage brought about by the required demolition of the chapel and Garden Hill House on the site.
- 3.2.2 At operational stage the development does have the potential to adversely impact on the carrying capacity of the local road network adjacent the St. James's site, however, the applicant's mitigation measures, including the Mobility Management Plan, should keep those impacts to within acceptable levels. Delivering the modal split proposed is critical to the success of the Mobility Management Plan. I accept that the modal split proposed for the use of the private car by staff is ambitious, but there is nothing on file to indicate that it is not achievable. It has the support and active involvement of both Dublin City Council and the National Transport Authority. In terms of access to public transportation and other forms of sustainable modes of transport, St. James's is a well-connected site. There is no other public healthcare site in the State as well served by public transport as St. James's. The site is accessible from across the GDA and from around the country by sustainable modes of transport given the site's connection via the Red Luas line to the city's major transportation hubs of Heuston Station, Busárus and Connolly Station. This is hugely beneficial given the hospital's secondary and tertiary healthcare function. The applicant's transport strategy is compliant with national, regional and local transport policies. Of all the sites considered over the process, no other site enjoys such connectivity and many would struggle to comply with the said transport policies. Notwithstanding this connectivity, those needing to access the services at the NCH by car will be accommodated. It is not the aim of the applicant to force those travelling with sick children to use public transport. The applicant has indicated that on-site car parking will be available for patients' families and visitors if they required it. The on-site car parking will require appropriate management and the applicant is committed to such management through the Mobility Management Plan.
- 3.2.3 The residential amenities of neighbouring properties have been considered for both the construction stage and operational stage. Consideration has been given to potential impacts including, *inter alia*, overlooking, overshadowing, access to daylight, noise generated, air quality, dust generated, disturbance of vermin and asbestos removal. Mitigation by avoidance was employed at the early stage of the design process for some potential impacts and the mitigation measures

proposed for other impacts are comprehensive and have proven effective elsewhere.

- 3.2.4 The development will deliver a modern state-of-the-art paediatric facility. There will be significant positive physical impacts arising from the proposal at local level. The site at the moment is introverted, responds poorly to the surrounding public domain and does little for the urban environment. That will all change with the proposal. A new street frontage will be created onto Brookfield Road and the SCR. Likewise, a new frontage and entrance will be created to the public linear park to the south of the site adjacent the Rialto Luas Stop. The scale, massing and height responds appropriately to the area. The seven storey element proposed is located towards the centre of the site and away from the neighbouring dwellings. This oval-shaped ward block will provide a local architectural landmark and will be a positive contribution to the city skyline at this location. The concerns raised by the Board in its refusal in relation to the application for the NCH at the Mater site do not pertain in this instance. The loss of some trees across the site will be more than off-set by the landscaping proposals which include for additional tree planting. The open space provision at various levels in the development of the NCH will also be a positive impact on the visual amenity of the receiving environment.
- 3.2.5 There will also be positive impacts arising, both directly and indirectly, from employment opportunities for both the construction and operational stages. There is considerable regeneration potential for the Dublin 8 area arising from the development of the NCH here. The redevelopment of this serviced, zoned, city centre site, which is currently underutilised, must also be considered a planning gain. The consolidation of such sites within the urban core delivers upon one of the core principles of the Regional Planning Guidelines. In its current state it is a wasteful use of expensively serviced land, with surface car parking being a dominant element within the site.
- 3.2.6 I do not consider that the proposed development across the four sites, conflicts with the provisions of the respective Development Plans. Concerns raised about the capacity of the St. James's site relate more to possible future applications for development on the holding and less about what is actually being proposed at this juncture. The Board cannot refuse permission for what *is* currently being sought based on what *may* be sought in the future. The development as currently proposed can be physically accommodated on the site without conflicting with the provisions of the Dublin City Development Plan. It does not represent an over-development of the site, in my opinion.
- 3.2.7 I am satisfied that there sufficient information on file for the Board to carry out a full EIA. Having considered all information on file I would conclude that, with the exception of the impact on the architectural heritage of the area, the proposed development would not adversely impact on the receiving environment - subject to the implementation of

the mitigation measures proposed and compliance with conditions recommended at the end of this report. The significant positive, long-term impacts arising at national, regional and local level from the proposed development, on balance, outweigh the adverse impact on the local architectural heritage brought about by the demolition of the chapel and Garden Hill House.

3.2.8 I also consider it reasonable to conclude on the basis of the information on file, which I consider adequate in order to carry out a 'Stage 2 Appropriate Assessment', that the proposed development, individually or in combination with other plans or projects would not adversely affect the integrity of North Dublin Bay cSAC, South Dublin Bay cSAC, South Dublin Bay and River Tolka Estuary SPA or North Bull Island SPA, or any other European site.

3.2.9 Having regard to the foregoing I would recommend that the Board grant permission for the development proposed on all four sites subject to the recommended conditions as indicated in the following draft Order.

Draft Order

DECISION

GRANT permission under section 37G of Planning and Development Act, 2000, as amended, for the above proposed development in accordance with the said plans and particulars based on the reasons and considerations under and subject to the conditions set out below.

REASONS AND CONSIDERATIONS

In coming to its decision, the Board had regard to the following:

- (a) 'The Model of Care for the New Children's Hospital and the Hospital Satellite Centres at Tallaght and Blanchardstown' (the National Paediatric Hospital Development Board March 2015);
- (b) The established need for a National Paediatric Hospital;
- (c) The established hospital uses at St. James's Hospital Campus, Dublin 8, The Adelaide & Meath Hospital, Dublin 24 and Connolly Hospital Campus, Dublin 15;
- (d) The National Spatial Strategy 2002-2020;
- (e) The Regional Planning Guidelines for the Greater Dublin Area 2010-2022;
- (f) The policies and objectives of Dublin City Development Plan 2011-2017 pertaining to the St. James's Hospital Campus site and the Davitt Road site;
- (g) The policies and objectives of South Dublin County Development Plan 2010-2016 and the Tallaght Town Centre Local Area Plan 2006 pertaining to The Adelaide & Meath Hospital site;

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- (h) The policies and objectives of Fingal County Development Plan 2011-2017 pertaining to the Connolly Hospital Campus site;
 - (i) The Inspector's Report into the Oral Hearing of the proposed development;
 - (j) The Inspector's Report and Recommendation into the application;
 - (k) The contents of the Environmental Impact Statement and supporting documentation submitted, including the mitigation measures proposed in those documents and at the Oral Hearing;
 - (l) The contents of the Natura Impact Statement;
 - (m) The submissions, reports and recommendations of Dublin City Council, South Dublin County Council and Fingal County Council;
 - (n) The submissions and observations received by An Bord Pleanála, including those made at the Oral Hearing, in connection with the proper planning and sustainable development in the areas in which the development is proposed and in relation to the likely effects on the environment of the proposed development;
 - (o) The nature, scale and design of the proposed development, and the pattern of development in the vicinity of the sites.

The Board was satisfied that the information before it was adequate to undertake an appropriate assessment and an environmental impact assessment in respect of the proposed development.

Appropriate Assessment Screening

The Board completed an Appropriate Assessment Screening exercise in relation to the potential effects of the proposed development on European Sites, taking into account the nature, scale and locations of the proposed development, the screening report submitted with the application and the Inspector's report and submissions on file. In completing the screening exercise, the Board adopted the report of the Inspector and concluded that the proposed development, by itself or in combination with other development in the vicinity, would not be likely to have a significant effect on European sites, with the exception of: North Dublin Bay cSAC (Site Code 000206); South Dublin Bay cSAC (Site Code 000210); South Dublin Bay and River Tolka Estuary SPA (Site Code 004024), and North Bull Island SPA (Site Code 004006).

Appropriate Assessment

The Board undertook an Appropriate Assessment in relation to the effects of the proposed development on the: North Dublin Bay cSAC (Site Code 000206); South Dublin Bay cSAC (Site Code 000210); South Dublin Bay and River Tolka Estuary SPA (Site Code 004024), and North Bull Island SPA (Site Code 004006). Having regard to the nature, scale and locations of the proposed development, the submitted Natura Impact Statement including the mitigation measures proposed, the submitted Environmental Impact Statement including mitigation measures proposed, the Inspector's Report

and submissions on file, the Board concluded that the proposed development, by itself, or in combination with other plans or projects, would not be likely to adversely affect the integrity of these European Sites in view of their conservation objectives, and adopted the report of the Inspector in this respect.

Environmental Impact Assessment

The Board completed an Environmental Impact Assessment of the case, taking into account:

- the nature, scale and locations of the proposed development;
- the Environmental Impact Statement submitted with the application;
- the submissions from the applicant, the planning authorities, the observers and the prescribed bodies in the course of the application, including submissions made to the Oral Hearing; and
- the Inspector's Report.

It is considered that the Environmental Impact Statement, supported by the other documentation submitted by the applicant, identifies and describes adequately the direct and indirect effects of the proposed development on the environment. The Board completed an Environmental Impact Assessment in relation to the subject development, and concluded that, subject to mitigation measures proposed, the proposed development would not be likely to have significant effects on the environment with the exception of the adverse impact on the architectural heritage of St. James's Hospital Campus brought about by the demolition of the chapel and Garden Hill House. However, the Board considered that, on balance, the positive, long-term impacts arising, nationally, regionally and locally, from the proposed development out-weighed the adverse impact on the local architectural heritage in this instance.

Conclusion

It is considered that, subject to the implementation of the mitigation measures proposed and compliance with the conditions below, the proposed development: would give rise to a modern tertiary paediatric hospital facility serving the State and the Greater Dublin Area; would be acceptable, having regard to the transport strategy, in terms of traffic safety and convenience; would not be prejudicial to public health; would not adversely impact on the visual, residential or recreational amenities of the area; would not adversely impact on the archaeological heritage of the area; would not, on balance, have an adverse impact on the environment, and would not adversely affect the integrity of any Natura 2000 site. The proposed development would, therefore, be in accordance with the proper planning and sustainable development of the area.

CONDITIONS

1. The development shall be carried out and completed in accordance with the plans and particulars lodged with the application and the further particulars submitted by the applicant at the Oral Hearing, except as may otherwise be required in order to comply with the following conditions. Where such conditions require details to be agreed with a planning authority, the developer shall agree such details in writing with the relevant planning authority prior to commencement of development and the development shall be carried out and completed in accordance with the agreed particulars. In the interest of clarity, for development at the St. James's Hospital Campus site and the Davitt Road Construction Compound site, the relevant planning authority is Dublin City Council, for development at The Adelaide & Meath Hospital site, the relevant planning authority is South Dublin County Council and for development at Connolly Hospital site, the relevant planning authority is Fingal County Council.

Reason: In the interest of clarity

2. The period during which the development hereby permitted may be carried out shall be ten years from the date of this Order

Reason: In the interest of clarity.

3. The mitigation measures and commitments identified in the Environmental Impact Statement, the Natura Impact Statement, and other plans and particulars submitted with the planning application, and the further particulars submitted by the applicant at the Oral Hearing, shall be implemented in full by the developer, except as may otherwise be required in order to comply with the following conditions.

Reason: In the interest of clarity and protection of the environment during construction and operational phases of development

4. Prior to the commencement of development, Mobility Management Plans shall be submitted to, and agreed in writing with, all three planning authorities and shall be implemented on first occupation of the National Paediatric Hospital at St. James's Hospital Campus and the Satellite Centres at The Adelaide & Meath Hospital and Connolly Hospital.

Reason: In the interests of sustainable transportation and to avoid traffic congestion in the areas adjacent the development sites.

5. Prior to the commencement of development the applicant shall submit to, and agree in writing with, Dublin City Council the following:

(a) Detailed design proposals for all access points to the St. James's Hospital Campus site being: the access off James's Street; the access off Mount Brown and the access off Brookfield Road.

(b) The number and location of CCTV cameras to monitor trip generation at the access points subject of (a) above.

(c) Detailed design proposals for the temporary alignment of the internal access road to form a fourth arm to the South Circular Road / Brookfield Road junction for the construction stage.

(d) A Car Park Management Plan for the St. James's Hospital Campus.

Reason: In the interests of sustainable development, traffic safety and to avoid traffic congestion on the adjacent road network.

6. Prior to the commencement of development the applicant shall submit to, and agree in writing with, South Dublin County Council the following:

(a) Details for the commissioning of the existing pedestrian gate in the boundary to The Adelaide & Meath Hospital campus adjacent the Hospital Luas Stop. This pedestrian gate shall be commissioned prior to the occupation of the Satellite Centre. The details to be agreed with the planning authority shall include the daily opening hours facilitating public access which shall reflect the daily hours of operation of the Luas service.

(b) Details for the location and layout of a drop-off facility for parents/guardians attending the Satellite Centre.

Reason: In the interests of sustainable transportation, and in the interest of traffic safety and convenience.

7. Prior to the commencement of development, Construction Management Plans shall be submitted to, and agreed in writing with, all three planning authorities. Each Construction Management Plan shall include, *inter alia*, a Construction Traffic Management Plan.

Reason: To protect the amenities of neighbouring properties and in the interest of traffic safety.

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8. Details of the materials, colours and textures of all the external finishes to the National Paediatric Hospital, the Children's Research and Innovation Centre, the Family Accommodation Unit and the Satellite Centres, shall be submitted to, and agreed in writing with, the relevant planning authority prior to the commencement of development.

Reason: In the interest of visual amenity.

9. Water supply and drainage arrangements, including the disposal of surface water, shall comply with the requirements of the relevant planning authority for such works and services and shall be agreed in writing with the relevant planning authority prior to the commencement of development.

Reason: In the interest of public health.

10. Prior to the commencement of development the applicant shall submit to, and agree in writing with, Dublin City Council, detailed design proposals for the diversion of the existing Drimnagh Sewer on the St. James's Hospital Campus site.

Reason: in the interest of public health.

11. Prior to the commencement of development the applicant shall submit to, and agree in writing with, Fingal County Council final mitigation proposals in relation to flooding as referred to in section 17.3.4.4 '*Flooding*' of the Environmental Impact Statement submitted with the application.

Reason: To protect the development from potential flood impacts.

12. Prior to the commencement of demolition works, the chapel (ref: BH-07 in chapter 16 of the Environmental Impact Statement), Garden Hill House (ref: BH-21) and the derelict building fronting James's Street (ref: BH-21) shall be fully surveyed and recorded. Copies of these records shall be submitted to Dublin City Council and the Irish Architectural Archive. Prior to the commencement of development, the applicant shall submit to, and agree in writing with, Dublin City Council detailed proposals for the salvage of features/materials from the above mentioned three structures, the proposals shall include for the reuse, where feasible, of salvaged material in the new development on the site.

Reason: In the interest of recording the architectural heritage.

13. The developer shall facilitate the preservation, recording and protection of archaeological materials or features that may exist within the sites. In this regard, the developer shall –

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- (a) notify the relevant planning authority in writing at least four weeks prior to the commencement of any site operation (including hydrological and geotechnical investigations) relating to the proposed development,
 - (b) employ a suitably-qualified archaeologist who shall monitor all site investigations and other excavation works, and
 - (c) provide arrangements, acceptable to the relevant planning authority, for the recording and for the removal of any archaeological material which the authority considers appropriate to remove.

In default of agreement on any of these requirements, the matter shall be referred to An Bord Pleanála for determination.

Reason: In order to conserve the archaeological heritage of the sites and to secure the preservation and protection of any remains that may exist within the sites.

14. All planting/landscaping proposed across the three sites shall be maintained, and if any tree or plant dies or is otherwise lost, it shall be replaced by a plant of the same species, variety and size within the planting season following such loss.

Reason: In the interest of visual amenity.

Tom Rabbette
Senior Planning Inspector
7th March 2016