**Summary and links to key documents.**

The workshop on the 5th is looking for an update on the St James Campus Mobility Plan.

The targets for the Mobility Plan are set out in the EIS and I have highlighted in bold some pertinent points.

In addition to targets and outputs the Mobility Plan also listed its connectivity to on going transport policy and most importantly the establishment of a steering group to ensure its effective implementation. The NTA and DCC are members of this group.

[Environmental Impact Statement Ch 6 Traffic Management](#_Excerpts_from_EIS)

The ABP Inspector’s report discusses with “the ambitious” targets set by the Mobility Plan.

[An Bord Pleanála Inspectors Report](#_29N.PA0043_An_Bord)

The link below is a link to a Dail debate on a private members bill on hospital car parking and it gives a good breakdown of hospital car parks and the HSE view that hospitals need the money to fund services.

[Dáil Debate on Second Stage of Hospital Car Parking Feb ‘22](#_Hospitals_and_Car)

There is another background paper that I will get to you shortly. This paper updates the policy context, stats modes of transport since the EIS and has links to various reports etc.

# Excerpts from EIS Chapter 6 Traffic

[Section A (nchplanning.ie)](https://www.nchplanning.ie/wp-content/uploads/2015/07/Chapter-6-Traffic.pdf)

**What we know**

The new children’s hospital at St James’s Hospital campus will have 380 in-patient beds along with 93 day care beds. The National Paediatric Hospital Project will cater for over 320,000 annual out-patient visits and nonconsultant clinics along with approximately 120,000 urgent care cases per annum. 84% of the out-patient clinics will be provided at the new children’s hospital on the St James’s Hospital campus with the remainder provided at the satellite centres. With respect to urgent care cases it is envisaged that 59% will be treated at the new children’s hospital with the remainder split evenly between the two satellite centres.

The existing St James’s Adult Hospital (excluding Trinity College, Irish Blood Transfusion Service, and the Private Clinic) currently employs approximately 4,500 staff with approximately 3,000 staff working core weekday hours.

The new children’s hospital and its satellite centres will employ approximately 3,200 staff with approximately 3,000 staff based on the St James’s Hospital campus. It is expected that on average there will be 2,000 staff working in the new children’s hospital during a typical core weekday period.

**A Mobility Plan for St James’s Hospital Campus is being implemented that includes the new children’s hospital.**

A Mobility Management Plan has been prepared for the St James’s Hospital campus (St James’s Hospital Campus - Smarter Travel Programme) and is currently being implemented with the support of the Department of Transport, Tourism and Sport (DTTAS) ‘Smarter Travel Workplaces Programme’. The new children’s hospital has been planned for, and taken into account as part of the development of the Mobility Management Plan. The Mobility Management Plan will also be rolled out at each of the existing three children’s hospitals to improve mobility awareness and to reduce car dependency among staff before they relocate to the new children’s hospital on the St James’s Hospital campus. Mobility Management Plans will also be implemented at both the children’s hospital satellite centres at Tallaght Hospital campus and at Connolly Hospital campus.

**Context of the Mobility Plan**

6.1.1.2**. Dublin City Development Plan 2011-2017**

This document sets out various policies that need to be considered during the planning for, and subsequent development of the new children’s hospital within Dublin City. The relevant policies and objectives are outlined below:

It is the policy of Dublin City Council:

• SI4 - To promote and facilitate the provision of Metro North, DART Underground, the electrification of the Maynooth Line, the expansion of Luas and the Quality Bus Network in order to achieve the strategic transport objectives of the National Transportation Authority’s ‘A Platform for Change’ and support the implementation of the Transport 21 Programme for Dublin city and the region.

• SI12 - To promote best practice mobility management and travel planning to balance car use to capacity and provide for necessary mobility via sustainable transport modes It is an objective of Dublin City Council

• SIO6 - To promote Park and Ride at suitable locations in co-operation with neighbouring local authorities.

• SIO30 - To require Travel Plans and Transport Assessments for all relevant new developments and/or extensions or alterations to existing developments as outlined in Appendices 5 and 6. Within ‘Appendix 5-Travel Plans’, there is a note that “As a general guideline, Dublin City Council may request a Travel Plan if an existing or proposed commercial development has the potential to employ over 100 workers’. This is in line with the threshold indicated in the Department of Transport’s, ‘Smarter Travel, A Sustainable Transport Future 2009 – 2020’”.

• SIO31- To review and monitor Travel Plans through the Dublin City Council Mobility Management Section The 2011-2017 Dublin City Development Plan encourages a modal shift from private car usage to alternative modes (public transport, cycling, walking) through the following policies and objectives summarised below:

• Ensure integration between land use, zoning and transportation (Section 5.1.4.1 Integrated Land-use and Transportation),

• Discourage commuter car parking provided with new developments. • The development of Quality Bus Corridors (QBCs) within the city centre (Objective SIO7);

• The provision of improved cycle facilities through the development of a network of strategic cycle ways, cycle parking and recreational cycle routes (Policy SC3);

• Support for the measures currently being implemented or proposed by the Rail Procurement Agency (Luas Cross City, Metro North), Iarnród Éireann (DART Underground), and other agencies to enhance capacity on existing lines and services and provide new infrastructure (Policy SI4); • The provision of park and ride facilities at a number of locations on the outskirts of the city (Objective SIO6);

• The development of a city centre transportation interchange to promote the provision of an integrated public transport system (Policy SI3);

• The allocation of significant additional priority at traffic signals for pedestrians in order to achieve a greater degree of pedestrian safety and to enhance the environment for pedestrians (Objective SIO23, Objective SIO27).

**6.1.1.3. Dublin City Draft Development Plan 2016-2022**

Dublin City Council has begun its preparation of the new draft City Development Plan, covering the period from 2016 to 2022. This plan is intended to set out a shared vision and direction for the future development of the city. An ‘issues paper’ was published by Dublin City Council in 2014. Section 5 of this document sets out the key issues the city faces in terms of ‘movement and transport’

The ‘issues paper’ provides statistics on the comparative number of trips by travel mode crossing the canal cordon inbound in the weekday morning commuter peak period (between 7 and 10 am) between 2006 and 2013 (Source – National Transport Authority cordon survey). The overall number of trips has seen a slight decline of 7.3% to 192,188, reflective of the economic downturn during that period, with car mode share reducing by 11.4%. Public transport has also reduced (by 10.2%) but there is a significant increase (87.2%) in cycling, with walking also seeing a 2.2% increase. Dublin City Council see “a key challenge for the next plan is to achieve significant gains in public transport use and further increases in numbers walking and cycling”.

**6.1.1.4. Dublin City Centre Transport Study**

Dublin City Council in conjunction with the National Transport Authority presented the Dublin City Centre Transport Study for public consultation in May 2015. The Dublin City Centre Transport Study has been prepared to integrate the transport policies and proposals of both Dublin City Council and the National Transport Authority and inform a framework for investment. The Study relates directly to the policies and objectives already set out in the Dublin City Development Plan 2011-2017, and is influenced by the National Transport Authority’s Integrated Implementation Plan 2013-2018.

**6.1.1.5. Infrastructure and Capital Investment 2012-2016**

The importance of the National Paediatric Hospital Project is evident in the fact that it features as one of the three investment priorities by the Government in this document.

**6.1.1.6. National Transport Authority Transport Planning Policy**

The National Transport Authority has a wide range of transport planning and policy roles and functions, both at national level and particularly within the Greater Dublin Area. With regards to the latter, the National Transport Authority has published a Draft Transport Strategy (also known as 2030 Vision) in 2011, as well as an Integrated Implementation Plan in 2013. Given the significant changes that have occurred since 2011, the National Transport Authority considered it appropriate to undertake a review of transport across the region. The National Transport Authority are currently therefore preparing a new transport strategy for the region to cover the period 2015 to 2035, with a release date planned for late summer 2015.

**6.1.1.7. Draft Transport Strategy for the Greater Dublin Area 2011-2030 (2030 Vision)**

**The** National Transport Authority prepared and presented the Transport Minister with a draft Transport Strategy for the period up to 2030 (‘2030 Vision’) for consideration in 2011. The draft Strategy identified various potential measures in terms of promoting non-car travel, traffic management and travel demand management for the Greater Dublin Area. This draft Transport Strategy, was intended to replace the previous transport strategy document for 2000-2016 entitled “A Platform for Change”.

**6.1.1.8. Integrated Implementation Plan 2013-2018**

The National Transport Authority’s Integrated Implementation Plan 2013-2018 for the Greater Dublin Area was adopted in 2013. It sets out the short term infrastructure investment programme for the Greater Dublin Area for a 5-year period up to 2018.

**6.1.1.9. Department of Transport, Tourism and Sport Smarter Travel**

In February 2009, ‘Smarter Travel – A Sustainable Transport Future: A New Transport Policy for Ireland 2009- 2020’ was published by the now Department of Transport, Tourism and Sport, setting out the vision of a sustainable transport future in 2020. This policy document proposes an alternative to the existing trends which have resulted in increased traffic congestion and a loss in economic competitiveness.

**6.1.1.10. National Cycle Policy Framework 2009–2020**

The National Cycle Policy Framework (as part of Smarter Travel – A Sustainable Transport Future 2009) outlines national policy for cycling, in order to create a stronger cycling society, and a friendlier environment for cycling. The policy document sets an average national target of 10% of all trips by bicycle by 2020 and equally recognises the need for continuing promotion and integration of cycle networks in the State.

**6.1.1.11. Greater Dublin Area Cycle Network Plan 2014**

The National Transport Authority’s Greater Dublin Area Cycle Network Plan was adopted in 2014. The Cycle Network Plan undertook a review of existing cycle facilities in the Greater Dublin Area and sets out the strategy for the development of an integrated cycle network for the Region.

The Cycle Network Plan consists of the following route types:

• Primary Network - Main cycle arteries across the urban area, carrying most cycle traffic;

• Secondary Network - Links between the principal cycle routes and local zones; and

• Feeder Network - Connections from zones to the network levels above and/or cycle routes within local zones.

The Cycle Network Plan includes cycle network proposals for neighbouring areas to the St James’s Hospital campus including Inchicore, Drimnagh, Dolphin’s Barn and other areas in the City Centre. The section of the plan, relative to the new children’s hospital location, is illustrated Figure 6.6.

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There are a number of specific cycle route objectives aimed at improving the regional and local cycle network, which will benefit accessibility to the St James’s Hospital campus by bike, including

• The proposed route SO2, which extends through the St James’s Hospital internal access road between James Street and Brookfield Road;

• Primary route 7A proposed along the James’s Street/ Mount Brown/ Old Kilmainham Road corridor; and

• The section of Suir Road/ South Circular Road which is designated as primary cycle route 7B, with a secondary route, SO2, along the section of South Circular Road south of the Rialto Entrance, extending along Brookfield Road to connect with Mount Brown.

• Route SO1 (Grand Canal Greenway), which extends along the length of the Grand Canal between Davitt Road and the Grand Canal Basin.

It is anticipated that the development of the cycle network will have a substantial positive impact on cycling and will assist increase the share of commuting trips to and from the St James’s Hospital campus made by bicycle.

A number of transport initiatives including dart, metro and Luas extensions

**6.1.1.14. St James’s Hospital Campus Draft Site Capacity Study**

An Outline Development Control Plan (ODCP) for St James’s Hospital was prepared in 2008 (updated in April 2014). As part of the development of the new children’s hospital at St James’s Hospital a Draft Site Capacity Study has been prepared. This study does not purport to be a development plan for the campus, but rather an indication of its potential capacity and takes into account the proposed new children’s hospital, expansion planning for the existing Adult Hospital and the recently announced future Maternity Hospital to be located at St James’s Hospital campus.

The key transportation elements included within the St James’s Hospital Campus Draft Site Capacity Study include:

• A significant improvement in overall pedestrian permeability serving the campus. New pedestrian access points provided for from Mount Brown (adjacent to the existing Energy Centre), from James’s Street opposite Cromwell’s Quarters steps and from both the Rialto and Fatima Luas stops;

• The retention of the two existing vehicular entrances (Rialto and James’s Street Entrance) serving the hospital campus. The provision of a new entrance to the campus from Mount Brown;

• The provision of restrictions to through traffic within the campus while ensuring emergency services, public transport services and other authorised users are still provided with access through the campus;

• The provision of two new public transport nodes within the campus centring on the main entrances to the Adult Hospital and the proposed new children’s hospital;

• The provision of underground car parking to facilitate the removal of surface parking within the campus;

• The creation of a shared Energy Centre/ Facility Management Centre within the new children’s hospital to serve the entire St James’s Hospital campus;

• An enhancement of the pedestrian environment within the campus to provide a more attractive environment and improve general safety within the campus;

• The creation of a Green Boulevard within the campus and opening the campus onto the adjacent Linear Park again to improve the overall environment within the campus; and

• The creation of a central emergency set down area serving all three Hospitals, the Adult hospital, the new children’s hospital and the future Maternity Hospital.

**Car Parking Provision**

The provision of additional services on the St James’s Hospital campus will attract increased trips (staff and patients) to the hospital campus and the following describes the car parking strategy for the campus to align with the overall Transport Strategy for the St James’s Hospital campus.

The quantum of parking provided on campus will be capped at approximately 2,000 spaces, serving both staff and visitor/patient parking needs. The majority of the parking spaces will be provided for visitors/patients to the hospital campus, with staff access to the campus provided mainly via alternative modes (public transport, cycling, walking), which will be actively promoted through the St James’s Hospital Campus Smarter Travel Programme.

The car parking strategy involves the transfer of parking from staff to visitors/ patients as the hospital continues to expand. The additional travel needs of staff will be catered for through the Smarter Travel Programme which will be supported by the Government’s continued investment in public transport projects in the Greater Dublin Area (i.e. ‘Swiftway’ BRT Network, DART Underground, Lucan Luas, etc..). The car parking strategy does not include increasing the overall number of parking spaces provided on campus following the completion of the new children’s hospital. This will result in no material increase in traffic during peak periods on the surrounding street network and will ensure that the delivery of additional development on campus can be accommodated without impacting on prevailing traffic conditions on the surrounding road network.

**Appraisal of Mobility Management Plan Measures**

The St James’s Hospital campus transport catchments were calculated using GIS software applications. This information was compared against a similar analysis carried out for the Canal Cordon, the area of the city centre which lies within the Grand Canal and Royal Canals. The comparison between the different areas allows for the production of realistic and achievable Mobility Management Plan targets and associated action plans to deliver on the targets.

**6.1.2.2.**

Transport Appraisal Existing Traffic Information Traffic counts on the surrounding road network were carried out in both **May and October 2014** to develop an understanding of the current traffic conditions on the surrounding road network. The traffic count information has been used to assist with the analysis of the neighbouring junctions to the Hospital campus and with the calculation of the volume of traffic generated by the proposed development. The scope of the traffic counts and traffic impact appraisal to be undertaken was agreed with Dublin City Council before commissioning.

**Traffic Generation**

The volume of traffic generated by the new children’s hospital has been carried out based on first principles with each of the different users (i.e. staff, families/patients, etc...) of the Hospital described separately within the appraisal. Traffic generation associated with staff and visitors has been based on the number of parking spaces proposed for the St James’s Hospital campus.

The number of visitor parking spaces has been based on the projected number of patient visits (i.e. in-patients, day care, outpatients, etc...).

Traffic Distribution The distribution of traffic on the surrounding street network has been primarily based on the existing distribution of St James’s Hospital generated traffic, however the distribution profiles have been modified slightly to reflect both the provision of the proposed new entrance onto Mount Brown and the provision of further restrictions to through traffic within the Hospital.

Junction Analysis The neighbouring junctions have been analysed using LINSIG, which is a UK Department of Transport software application designed to model junctions in an urban area.

The new children’s hospital site is bounded on its eastern side by the existing adult hospital and the Ceannt Fort residential area, by a linear park that includes the Luas Red line along its southern boundary, by South Circular Road, Brookfield Road and Cameron Square residential estate to the west and by the existing hospital energy centre to the north.

The site’s location avails of excellent public transport accessibility and numerous vehicular traffic access routes, as well as good (and continuously) improving pedestrian and cycle accessibility. It is acknowledged however that, during peak commuter periods and similar to many central urban areas, traffic congestion can occur on the local road and street network surrounding the hospital and the need to minimise traffic impacts during these time periods from the proposed development has formed a key component of the transport strategy which has been developed for the new children’s hospital. The particular accessibility conditions for all travel modes are described in further detail in this section.

**St James’s Hospital Travel Survey**

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St James’s Hospital, with a car driver mode share of 57%, currently has free staff car parking. However, there is on-street parking management in the vicinity of the hospital in the form of pay and display parking, which will influence the number of staff who drive to work.

Considering the public transport facilities in the vicinity of the St James’s Hospital campus, such as the Luas Red Line and Heuston Train Station, there is considerable potential to increase the proportion of current and future staff travelling by public transport.

St James’s Hospital Staff Arrival Times the arrival times are reasonably well spread throughout a two-hour morning peak period, with 43% of arrivals occurring between 07:00 and 08:00 and 41% of arrivals occurring between 08:00 and 09:00.

In terms of arrival times at hospitals, it can be seen in each of the children’s hospitals, as well as at St James’s Hospital, that between 35% and 50% of staff arrive for work between 07:30 and 08:30. A significant proportion of staff members of the existing children’s hospital start early with 12% of staff at Temple Street starting before 7:00 am and 9% of staff at Crumlin starting before 07:00 am. The presence of a large number of staff starting very early in the morning will have less impact on the surrounding street network due to the reduced volume of traffic on the road network at this time.

**6.1.4.2. Sustainable Transport Strategy**

The Transport Strategy for the proposed new children’s hospital therefore has two key objectives:

• 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

• 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 balanced Car Parking Strategy**

The provision and management of car parking is critical to the success of the Transport Strategy. It is important to provide adequate car parking within the St James’s Hospital campus and at the satellite centres to cater for the variety of needs that will be generated by the Hospital, in particular for patients and their families.

The provision of car parking is also an important demand management tool within the Mobility Management Plan, particularly for staff and will contribute to the successful implementation of a functional Transport Strategy for the hospital development. However, it is recognised however that whatever limitations to car parking provision are imposed, that they do not detract from the real needs of the hospital users, especially those of patients and their families.

In the case of the new children’s hospital, the car park strategy proposal forms part of an overall integrated approach being implemented for the entire St James’s Hospital campus, including the new children’s hospital and also accounting for the future Maternity Hospital and other expansion plans for the existing adult hospital into the future.

**Mobility Management Planning**

The St James’s Hospital Smarter Travel Programme has been established and is currently being implemented. The Smarter Travel programme encompasses the existing adult hospital as well as planning for the proposed new children’s hospital.

**The Smarter Travel programme is supported by key stakeholders including the National Transport Authority, Dublin City Council and public transport service providers and will be actively monitored to ensure success.** It will avail of the opportunities provided by the site’s location, while sustainable transport features has informed the design of the new children’s hospital. It will also be externally focused in terms of continued engagement with the local community to ensure that any travel demand impacts, including on-street parking issues are addressed as they arise. (P48)

**Mobility Management Plan**

The key measure to both manage the volume of generated traffic associated with the new children’s hospital and to ensure the street environment is not adversely impacted by the proposed development, is the introduction of progressive, realistic mobility management measures for the campus as a whole in advance of commencing construction of the new children’s hospital.

The St James’s Hospital Campus Smarter Travel programme sets out a series of measures with the key objective of encouraging access to the St James’s Hospital campus by modes other than by private car. The measures include both incentives to use alternative travel modes and restrictions with respect to car parking on-site. The details of the St James’s Hospital Campus Smarter Travel programme measures are presented in Section 6.1.4.5.

The St James’s Hospital Campus Smarter Travel programme requires continuous implementation to both promote the measures and monitor the success of the programme. The St James’s Hospital Campus Smarter Travel programme has the support of both the St James’s Adult Hospital and the Children’s Hospital Group, and will be inclusive of the smaller agencies located on campus (i.e. Trinity College, the National Plan for Radiation Oncology, etc..).

In addition, the St James’s Hospital Campus Smarter Travel programme has the support of key external stakeholders including Dublin City Council and the National Transport Authority who form part of the Steering Group overseeing its implementation and monitoring.

**The successful delivery of the St James’s Hospital Campus Smarter Travel programme measures will ensure the new children’s hospital can be delivered without having an adverse effect on the surrounding road network while also providing staff, patients and their families with realistic travel options to the Hospital other than by private car.**

**Mobility Management Plan**

The key measure to both manage the volume of generated traffic associated with the new children’s hospital and to ensure the street environment is not adversely impacted by the proposed development, is the introduction of progressive, realistic mobility management measures for the campus as a whole in advance of commencing construction of the new children’s hospital.

The St James’s Hospital Campus Smarter Travel programme sets out a series of measures with the key objective of encouraging access to the St James’s Hospital campus by modes other than by private car. The measures include both incentives to use alternative travel modes and restrictions with respect to car parking on-site.

The St James’s Hospital Campus Smarter Travel programme requires continuous implementation to both promote the measures and monitor the success of the programme. The St James’s Hospital Campus Smarter Travel programme has the support of both the St James’s Adult Hospital and the Children’s Hospital Group, and will be inclusive of the smaller agencies located on campus (i.e. Trinity College, the National Plan for Radiation Oncology, etc..).

**In addition, the St James’s Hospital Campus Smarter Travel programme has the support of key external stakeholders including Dublin City Council and the National Transport Authority who form part of the Steering Group overseeing its implementation and monitoring**. The successful delivery of the St James’s Hospital Campus Smarter Travel programme measures will ensure the new children’s hospital can be delivered without having an adverse effect on the surrounding road network while also providing staff, patients and their families with realistic travel options to the Hospital other than by private car.

**6.1.4.5.** St James’s Hospital Campus Smarter Travel Programme

This Mobility Management Plan forms an integral part of the ongoing management of travel demand at St James’s Hospital campus and the new children’s hospital. The Mobility Management Plan includes measures to facilitate the improved management of car parking within the St James’s Hospital campus, including a reduction in staff car parking spaces (as set out in Section 6.1.4.6) and measures to improve the attractiveness of alternative modes serving the campus (i.e. public transport, cycling, walking).

**Target Modal Split**

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* **Extend the On-Street Controlled Disc Parking Area.**

**It is recognised that the proposed Transport Strategy, which limits car parking provision within the St James’s Hospital campus, has the potential to increase parking demand on neighbouring roads and streets. This impact has also been highlighted via consultation meetings with resident groups in the vicinity of the St James’s Hospital campus.**

To ensure parking restrictions within the St James’s Hospital campus do not impact negatively on residential parking in the vicinity of the hospital, it is recommended to **extend the pay parking zone in the immediate vicinity of the St James’s Hospital campus**.

In addition, to the extension of the pay parking zone **it is recommended to raise the cost of parking on the surrounding streets from the current rate of €1.00 per hour** and **investigate the possibility of introducing extended hours of operation.** An audit has been carried out on the surrounding street network, and the following streets (Ref Figure 6.57) have been identified which would benefit from the extension of the pay parking zone. **The St James’s Hospital Campus Smarter Travel Programme will work with, and support local communities who wish to see the extension of the on-street controlled pay parking area**

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**6.1.4.6.** Car Parking Proposals (P88)

6.1.5. Potential Impact of the Proposed Development

**6.1.5.2.** Operational Phase (P124)

The following section presents the projected impact the traffic generated by the new children’s hospital following its construction will have on the wider street network surrounding the St James’s Hospital campus.

This section presents:

• the estimated volume of traffic generated by the new children’s hospital;

• the distribution of this additional traffic on the road network, taking into account the proposed traffic management plan for the St James’s Hospital campus (i.e. Mount Brown Access, restrictions to through traffic, etc...);

• the projected increase in traffic flow on the surrounding street network; and

• the projected impact this additional traffic will have on the operation of the neighbouring junctions

[Section A (nchplanning.ie)](https://www.nchplanning.ie/wp-content/uploads/2015/07/Chapter-6-Traffic.pdf)

# 29N.PA0043 An Bord Pleanála Inspectors Report

[RPA0043.DOC (pleanala.ie)](https://www.pleanala.ie/anbordpleanala/media/abp/cases/reports/pa0/rpa0043.pdf?r=387430858664)

**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.

**3.1.1.10**

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.

**3.1.1.16**

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). (227 of 293)

**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.

**3.2 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.

**CONDITIONS**

5. Prior to the commencement of development the applicant shall submit to, and agree in writing with, Dublin City Council the following:

(d) A Car Park Management Plan for the St. James’s Hospital Campus.

Tom Rabbette Senior Planning Inspector 7th March 2016

# Hospitals and Car Parks

Private members bill Feb 2022

The Minister of State responding to a Private Members Bill

[Minister of State at the Department of Health (Deputy Frankie Feighan)](https://www.oireachtas.ie/en/members/member/Frank-Feighan.S.2002-09-12/)

The issue of hospital car parking charges is under active consideration. Programme for Government: Our Shared Future, makes a commitment to introducing a maximum daily car parking charge for patients and visitors at all hospitals, where possible, and to introduce flexible passes in all public hospitals for patients and their families. That is a reflection of the Government's appreciation of the financial challenge that can be faced by people in meeting these expenses, in particular, as the Deputy said, where they are frequent users of hospital services. Consideration is being given to how best to ensure this commitment is addressed, taking account of existing arrangements.

There is a good deal of variation in such arrangements and it will be useful to set out the overall position across the country. The most recent information provided by the HSE indicated that the majority of acute hospitals charge for parking, although there are reported to be nine acute hospitals which provide free parking. The HSE does not have in place a single contract to provide parking services at all hospitals; instead, each hospital has its own arrangements, which vary depending on the circumstances. Data gathered by the HSE on this issue in 2018 showed that 16 hospitals used a third party provider to manage their car parks, although the car parks may still be owned by the hospital in question. Some hospitals have a third party to service parking meters, entry and exit barriers and security.

It is important to say that the HSE has been clear that hospitals that charge car parking fees are cognisant of the financial implications of parking costs. With that in mind, many hospitals have already introduced concessionary arrangements of one kind or another, in particular to assist long-term patients and visitors for whom the payment of the full rate would cause hardship. The HSE has confirmed that all hospitals that charge for parking already have a maximum daily rate. That rate is €10 or less in 27 out of 34 hospitals which charge for parking. I believe Roscommon University Hospital and Portiuncula Hospital Ballinasloe are the only hospitals to offer free parking, though I am open to correction on that.

Almost all hospitals are reported to have some form of exemptions or concessions in place. A small number have the option of flexible day passes or multistrip entry passes for regular hospital attenders. The vast majority offer concessions based on the type of inpatient.

In examining this issue in recent years, the HSE acknowledged that the concessions in place were not necessarily widely advertised, as the Deputy stated, and were often only communicated to the patient or family member via the ward manager or ward staff, or through the hospital's social work department. There is undoubtedly a need to make sure there is clear, straightforward information that is well advertised and easily found.

It is important to know how much is raised in car park charges and how that money is used. The HSE has reported that over €17 million was generated from parking charges at HSE hospitals in the past two years, comprising €12 million in 2019 and €5 million in 2020. Of course, 2020 was an atypical year in our hospitals so it is likely the 2019 figure is a more accurate reflection of charging income year by year. The HSE has indicated that parking revenue is used for a range of purposes. This might be maintenance and re-investment in parking facilities, including repayment of loans obtained for upgrading such facilities, or investment in security. **It may also cover the cost of parking provision more generally, with any additional income being used to contribute to the general hospital budget for provision of care or research.**

**That means that if less money is to be raised from car park charges, the shortfall in hospitals' income will need to be met from another source. That might be from the Exchequer or by charging some groups more and others less. One consideration is how to ensure that car parking concessionary rates are targeted at those who need them and not at occasional users.** In that respect, while I welcome the spirit of the Deputies' Bill, I wonder whether a blanket elimination of charges for outpatients is the optimal approach. It does not make any distinction between someone who arrives for a first outpatient appointment and is then discharged back to their GP, and someone who is attending for a series of outpatient appointments. Neither does it address the needs of other hospital users, such as those visiting, collecting inpatients or arriving for day case procedures. There are also people who may arrive at emergency departments, whether with a family member or on their own. While these are outpatients, they would not have a letter or message in relation to an appointment as a means of verification, even if they had letters of referral from a GP. I appreciate that the Deputies will have considered all of this as fully as possible, but it is clear that in examining how best to address the commitment in our programme for Government, we will need to take account of all car park users.

There is some evidence that removing car park charges can make it more difficult for patients to find parking. Where car parking charges were eliminated in other jurisdictions, that led to an increase in demand for car parking spaces, resulting in full car parks and further frustration for users. In areas in Wales and Northern Ireland, hospitals had to introduce measures to prevent people abusing free car parking amid concerns that patients were struggling to park, including in some cases the re-introduction of charges or penalties.

It is clear that any car park charging regime will need to be cognisant of how to ensure that car parking spaces are available to those who need them. That will be core to the Government's consideration of how best to implement our commitment in the programme for Government. I appreciate that the Deputies have sought to acknowledge this possibility in their Bill by proposing an arrangement to revoke free car parking when hospitals are full. This would mean that some users who arrive expecting free parking suddenly have to pay. This will be more of a problem for some than others but, in general, having the potential for someone to be faced with a surprise charge may not be the optimal way to manage this issue.

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It has been the general principle and policy that future car parks should be self-funding so as not to divert money from patient care. That is not to suggest that previous policy cannot be replaced, but it will be important to have an appropriate balance in ensuring that public funding is used in the most appropriate way. In easing the financial burden on users of hospital car parks, it will be important to, as much as possible, direct public funding towards those who need it and not those who are infrequent users of the hospital car park or are otherwise in a position to bear the cost of car parking with some ease.

All of these issues will be considered as we implement the Government's commitment to ease the financial pressure on patients, in particular, in relation to car parking.

I share the Deputy's views. Often, when going to visit people the cost of car parking could be €10. It is a high charge, and it would be good to see some mechanism put in place to address these charges. It is certainly an issue that many of my constituents have complained about, Sligo hospital being one of the locations mentioned. We all share the view that this must be done. While I have indicated some limitations with the Deputy's Bill, the Government is happy to acknowledge the spirit and intent this legislation sets out in seeking to ease the financial burden on those attending hospitals. We will not oppose the Bill on Second Stage.

It was an own goal in St. James's Hospital when it reduced the free parking time from 20 minutes to ten minutes. I think it was wrong. When people are in the hospital they have to keep track of how long they are parked, if they are there three hours, if they need to send somebody out again.

[Hospital Parking Bill 2021: Second Stage [Private Members] – Dáil Éireann (33rd Dáil) – Thursday, 17 Feb 2022 – Houses of the Oireachtas](https://www.oireachtas.ie/en/debates/debate/dail/2022-02-17/42/)

[National Children's Hospital – Thursday, 24 Feb 2022 – Parliamentary Questions (33rd Dáil) – Houses of the Oireachtas](https://www.oireachtas.ie/en/debates/question/2022-02-24/405/?highlight%5B0%5D=new&highlight%5B1%5D=children%C3%A2%C2%80%C2%99s&highlight%5B2%5D=hospital)