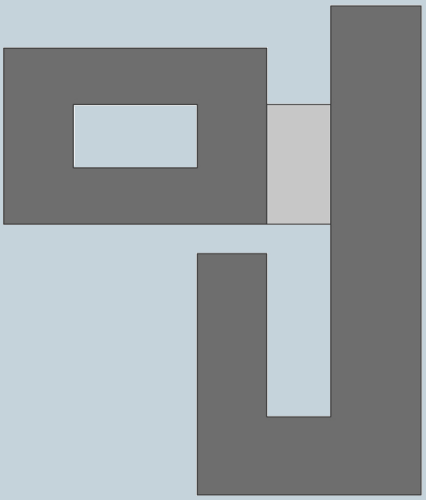
The National Maternity Hospital
at St. Vincent's University Hospital



Planning Report

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SECTION A – INTRODUCTION AND CONTEXT

1.0 Introduction

This Planning Report has been prepared to accompany an application by the Health Service Executive (HSE) to An Bord Pleanála for the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus. This application is made in accordance with the provisions of Section 37E of the Planning and Development Acts, 2000 (as amended), relating to Strategic Infrastructure Developments.

This Report is divided into two distinct Sections: Section A details the background, context and legislative framework within which this Planning Application is being made; while Section B sets out the planning context and appraisal that supports the consideration and approval of the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus.

1.1 Purpose of Planning Report

The purpose of this Planning Report is to inform An Bord Pleanála of all of the relevant material and matters that are set out in the Planning Application and to assist it in its determination of the application. The Report presents the technical aspects of the application and provides a reference to where information is contained within the planning application package. The information contained within this Report has been informed by the suggested content of a planning report as set out in the Department of Environment, Heritage and Local Government's *'Development Management Guidelines for Planning Authorities'*, 2007.

This Report and accompanying application documentation also specifically address the particular matters outlined in the Report prepared by An Bord Pleanála's Inspector further to the final pre-application consultation meeting on 25th January 2017 and the Board's Direction dated 2nd March 2017. These matters are set out in Table 1 below:

Table 1: Matters to be considered in any Application

Matters Raised by An Bord Pleanála	Response
The emerging transportation proposals involving the closure of the Merrion Gates and associated implications for road traffic in the area.	The applicant has consulted closely with the National Transport Authority throughout the pre-application process and evidence of same is attached as Appendix A of this Report. The National Transport Authority's (NTA) future proposals have formed part of the consideration of the proposed development and the implications of same are addressed in Section 3.16 of this Report and in Chapters 6 and 17 of the EIS. While the NTA's proposals include an emerging preferred option, no application for development has been made and the detailed design of same is not available. In the applicant's view, however, the proposed development does not conflict with the potential corridor upgrade and it is considered that the strategy would not affect the network capacity in such a way as to negatively affect the operation of the proposed development.
The developments now and into the future in the context of a Development Plan for the St. Vincent's University Hospital Complex.	The St. Vincent's University Hospital Campus is a well-planned facility that has had a number of previous Outline Development Control Plans. The proposed development is located on an under-utilised site that has been designated for development since 1997. This application is accompanied by a draft Site Capacity Study that further examines potential future site requirements and the implications of the proposed development on same. In summary, the proposed development will not prejudice the future known hospital developments. This matter is addressed in detail in Section 3.1.5 of this Report.
The ability to accommodate the future growth / expansion of all developments individually and cumulatively within the confines of the St. Vincent's University Hospital Campus.	As above, this matter has been the subject of a number of campus plans and has been tested rigorously in the application documentation in the form of a draft Site Capacity Study, the attached Design Report and in Section 3.1.5 of this Report.
Traffic and transportation/accessibility – car parking, mobility management, public transport linkages, access.	The proposed development has been the subject of a comprehensive traffic and transportation study, the findings of which are set out in Chapter 6 of the accompanying EIS and summarised in Section 13.3.6 of this Report. The findings of this assessment conclude that in the context of the overall network, the impact of the proposed development will be negligible. Furthermore, the cycle and pedestrian strategy for the proposed development and the campus as a whole will improve the environment for these users, thereby making it a more attractive campus for sustainable modes of transport.

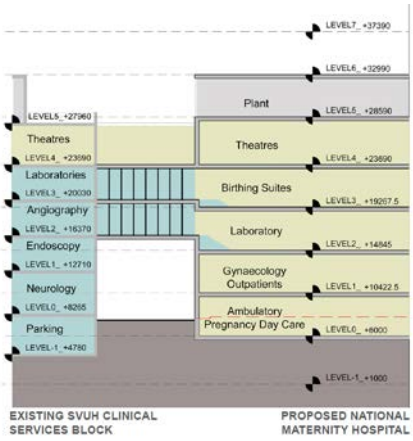
Alternative sites.	The proposed development comprises a significant element of a new approach to the delivery of maternity services in the Dublin region and nationally. The decisions that underpin this strategy have been through a rigorous site selection process that have been summarised in Chapter 4 of the accompanying EIS and Section 3.1.4 below. The clinical requirements and, therefore, the desired impacts on Human Health have informed the policy decision to relocate the National Maternity Hospital to the site of its clinical and academic partner, St. Vincent's University Hospital.
Construction and demolition impacts.	The construction and demolition impacts, including construction waste management, air quality and noise impacts and transportation impacts have all been fully assessed in the accompanying EIS. The proposed mitigation measures have informed the attached Draft Construction Management Plan that will ensure that such impacts are ameliorated and disturbance, both for local residents and hospital staff and patients alike, are kept to a minimum. The proposed development will be constructed on a live hospital campus and the safe and uninterrupted operation of the existing facility was central to the design process. This matter is address throughout the EIS (in particular in Chapter 2) and Section 13.4 of this Report.
Visual impact.	From the outset, the proposed development was the subject to a number of visual impact studies and at each stage of the process, the proposals were considered in the context of their impacts on the receiving environment. This matter is addressed in detail in Chapter 14 of the EIS and Section 13.3.2 below.
Impacts on residential amenity – height, design, scale etc.	As above, the impacts on residential amenity were a key consideration during the design process and the impacts on Herbert Avenue, in particular, informed the overall mass of the building and the specific design elements of the eastern elevation (including window orientation, use of opaque screens). The local amenity considerations are addressed directly in Section 13.3 of this Report and throughout the EIS (including Chapters 2, 4, 5, 6, 7, 10, 11, 12, 13, 14, 16 and 17).

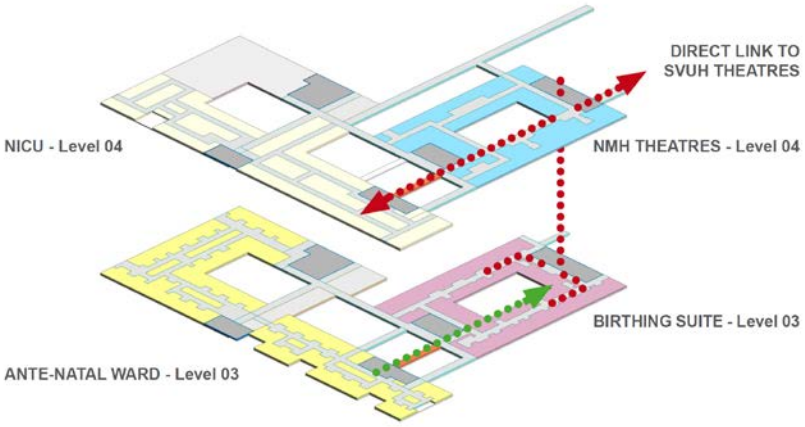
Public consultation.	Consultation has formed a substantive element of the design process and this is addressed in detail in the document entitled *"Engagement Process"* attached to the application (Volume 1). Consultation included statutory authorities, prescribed bodies, clinical and non-clinical user groups, hospital staff (of both the National Maternity Hospital and St. Vincent's University Hospital), public representatives (4 no. engagement sessions) and the general public (3 no. sessions with an invite issued to over 7,000 homes). All levels of engagement have informed the design process and the consideration of construction mitigation measures.
Miscellaneous – inclusive of impact on established infrastructure.	The accompanying EIS includes an assessment of the impacts on existing infrastructure, site utilities, transport infrastructure and healthcare infrastructure. It is considered that, in the context of the overarching healthcare benefits and the absence of any definable significant negative impacts or infrastructure constraints, the proposed development is in accordance with the proper planning and sustainable development of the area.

1.3 The Fundamental Design Requirements of Co-Location

At a clinical level, the direct link between adult and maternity theatres is what realises the fundamental objectives of co-location. The proposed new National Maternity Hospital building has been located directly adjacent to the existing Clinical Services building and generally north of the existing Hospital street. This is dictated by the requirement to physically link the new National Maternity Hospital building to the Theatres and Intensive Care Unit in the existing Clinical Services building. The most important link, therefore, is the connection of the Operating Theatres as this is one of the primary reasons for co-locating a maternity hospital with an adult acute hospital. This is a cornerstone of the design and the Theatre Suite in the new National Maternity Hospital is planned directly adjacent to the St. Vincent's University Hospital Theatre and Critical Care Department and at exactly the same level on Level 4. All other aspects of the proposed building are designed relative to these critical links (including floor levels). A comprehensive description of the extent of the co-location adjacencies achieved is set out in detail in the Architectural Design Report that accompanies this application.

Figure 1: Proposed National Maternity Hospital – Critical Clinical Linkages





2.0 The Applicant's Details

2.1 The Health Service Executive

As noted above, the HSE is the Applicant who is seeking permission for the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus. The HSE is responsible for providing all of Ireland's public health services in hospitals, health facilities and communities across the country.

2.2 Details of the Landowner and Relevant Consent

The lands that are the subject of this application are in the ownership of the St. Vincent's Healthcare Group Limited (incorporating St Vincent's University Hospital, St Vincent's Private Hospital and St Michael's Hospital) and the Religious Sisters of Charity. The required letters of consent for the making of this Planning Application on the subject lands is attached to Volume 1 of the application documentation.

3.0 Details of the Project Team

3.1 Composition of the Design Team

The Design Team was selected on the basis of proven capability combined with local knowledge. The skill set of the Design Team includes architecture, quantity surveying, mechanical & electrical engineering, civil engineering, structural engineering, project supervisor of the design process, fire safety, planning, environmental and traffic consultancy services. This Team is working in collaboration with the HSE to deliver this application for development of the new National Maternity Hospital at St Vincent's University Hospital Campus.

3.2 Composition of the Design Team

The Design Team is led by O'Connell Mahon and Isherwood and Ellis Architects who have developed the project from the initial concepts through to design stage since their appointment in May 2014. The progression of the project has also been informed by various consultants, either through the design process itself, or through feedback from the EIS process. The principal agent in terms of the Strategic Infrastructure Development process is the project's planning consultants GVA.

Table 2: Project Design Team and Consultants

Consultant	Address	Role
O'Connell Mahon Architects	9 Fitzwilliam Place, Dublin 2.	Architectural Design including Draft Site Capacity Study
Isherwood & Ellis	1 Lower Crescent, Belfast, BT7 1NR.	Architectural Design including Draft Site Capacity Study
GVA	Second Floor, Segrave House, 19-20 Earlsfort Terrace, Dublin 2.	Planning Consultants for Project and EIS Consultant – Introduction, Description of the Proposed Development (in consultation with the Design Team), Planning and Development Context, Examination of Alternatives (in consultation with the Design Team and the Applicant), Human Beings and Interactions and Potential Cumulative Impacts (in consultation with the EIS consultants).
Arup Consulting Engineers	50 Ringsend Rd, Dublin 4.	Mechanical and Electrical and Civil and Structural Engineers. - Traffic Consultant for Project and EIS Consultant: Traffic and Transportation; Soils, Geology and Hydrogeology; Hydrology; and Material Assets – Utilities
Scott Cawley Ecological Consultancy Services	27 Lower Baggot Street, Dublin 2.	Environmental and EIS Consultant – Flora and Fauna, Stage I and Stage II Appropriate Assessment work; Natura Impact Statement and BREEAM inputs.
AWN Consulting	The Tecpro Building, Clonshaugh Business & Technology Park, Clonshaugh, Co. Dublin.	EIS Consultant: Waste Management; Noise and Vibration; and, Air Quality and Climate.
BRE	Bucknalls Lane, Watford, Herts WD25 9XX, United Kingdom.	EIS Consultant – Micro-Climate (Daylight, sunlight, overshadowing and light pollution).
RWDI	Unit 1, Tilers Road, Milton Keynes, Buckinghamshire, United Kingdom, MK11 3LH	EIS Consultant – Micro-Climate (wind).
Irish Archaeological Consultancy	Unit G1, Network Enterprise Park, Kilcoole, Co. Wicklow	EIS Consultant – Archaeological, Architectural and Cultural Heritage.
Arc Consultants	30 Dalkey Park Dalkey Co Dublin	EIS Consultant - Visual Impact Assessment
Bruce Shaw Partnership	Hoban House, Haddington Rd, Dublin.	Quantity Surveyors
RPS	West Pier Business Campus, Dun Laoghaire, Co Dublin	Fire Safety Consultant
JV Tierney	The Tannery, 53-56 Cork Street, Dublin 8.	Bream Consultant

4.0 Details of Engagement and Consultation

4.1 Pre-Application Consultations

The proposed development has been subject to a number of pre-planning consultation meetings with Dublin City Council and Dún-Laoghaire Rathdown County Council. Furthermore, pre-application consultations in accordance with Section 37B(1) of the Act, as amended, have taken place with An Bord Pleanála. Table 3 below provides a list of these meetings in chronological order.

Table 3: Formal Pre-Application Consultations

Planning Authority	Date	Subject Matter
Dublin City Council – Planning Department	30/09/2014	Meeting – Outline of the proposed development / site and planning considerations / structure going forward
Dublin City Council – Planning Department	01/10/2014	Meeting - Design team introduction, outline of proposed development and project background
Dublin City Council – Planning Department	28/11/2014	Meeting – Design options for the proposed development / planning considerations
An Bord Pleanála	01/12/2014	Meeting – presentation on the proposed development / issues to be considered by the applicant
An Bord Pleanála	19/03/2015	Meeting – preliminary view of the Strategic Infrastructure Division of the Board / update on design progress and consultation / planning matters
Dublin City Council – Planning Department	24/03/2015	Meeting – Update on project and planning matters
Dublin City Council – Planning Department	02/04/2015	Meeting - Building design / future expansion / Ireland East Group / phasing of the development
Dublin City Council	27/04/2015	Meeting - Function and role of the existing National Maternity Hospital and need for new facility / proposed development
Dublin City Council – Traffic and Transport Department	09/06/2015	Meeting - Outline of Initial traffic and transport elements of scheme and scoping
Dublin City Council – Planning Department	05/10/2015	Meeting - Update on project and planning matters
Dún Laoghaire Rathdown County Council	12/10/2015	Meeting – Presentation on the proposed development / planning matters
Dublin City Council – Traffic and Transport Department	12/10/2015	Meeting - Developed traffic and transport elements of scheme and further scoping for EIS
Dublin City Council – City Archaeologist	09/11/2015	Email correspondence – Archaeological impact of the proposed development.
Dublin City Council – Conservation Officer	09/11/2015	Email correspondence – Impact of the proposed development.
An Bord Pleanála	18/11/2015	Meeting – The consultation process / traffic and transport / design development / visual impact and residential amenity / accessibility / landscape / campus capacity.
Dublin City Council – Planning Department	24/11/2015	Meeting - Update on project and planning matters
Dublin City Council – Drainage Department	07/12/2015	Meeting – Drainage strategy for the proposal / foul drainage and surface water drainage
Dublin City Council	8+9+10/12/2015	Email Correspondence – Water supply, pressure and flow rate

An Bord Pleanála	15/12/215	Meeting – Board Direction regarding specific issues
Dún Laoghaire Rathdown County Council Transportation Department	21/01/2016	Meeting – Transportation matters
Dublin City Council	02/02/2016	Meeting – Design development, transportation
An Bord Pleanála	15/04/2016	Meeting – Further design development, NTA consultations, DLRCoCo Consultations, DCC consultations
Dublin City Council	12/01/2017	Meeting – final pre-application consultation
An Bord Pleanála	25/01/2017	Meeting – Project update, SID closure
Dún Laoghaire Rathdown County Council – Transportation	07 &08/02/2017	Letter Correspondence– transportation matters (please refer to "Engagement Process" document attached to Volume 1 of the application documentation)

4.2 Mandatory Consultations with Prescribed Bodies

Section 37E(3)(c) of the Act (as amended) requires that a copy of the planning application and EIS is sent to all prescribed bodies, as advised by the Board, in advance of lodging the application with An Bord Pleanála. An Bord Pleanála in a letter dated 3rd March 2017 provided a list of the prescribed bodies to be notified of this application. These are as follows:

1) Minister for Arts, Heritage, Regional, Rural and Gaeltacht Affairs (Development Applications Unit)
2) Minister for Communications, Climate Action and Environment
3) Minister for Housing, Planning, Community and Local Government
4) Minister for Transport, Tourism and Sport
5) Minister for Health
6) Dublin City Council
7) Dún Laoghaire-Rathdown County Council
8) Transport Infrastructure Ireland
9) National Transport Authority
10) Irish Water
11) An Chomhairle Ealaíon
12) Fáilte Ireland
13) An Taisce
14) The Heritage Council

In addition to the above, consultation has been undertaken with some of the prescribed bodies and these consultations are detailed below in Table 4:

Table 4: List of Consultations undertaken with Prescribed Bodies

Body	Date	Subject Matter
National Transport Authority	03/12/2015	Meeting – Transport Strategy for the proposed development
National Transport Authority	29/01/2016	Letter Correspondence (attached)
National Transport Authority	19/02/2017	Email Correspondence (attached)
Irish Water	8+9+10/12/2015	Email Correspondence – Water supply, pressure and flow rate

4.3 Engagement with Stakeholders

As part of the preparation of this planning application, the Design Team has been in consultation with a number of stakeholders including utility providers. Table 5 below provides a list of the consultation undertaken in chronological order, including a brief overview of the items discussed:

Table 5: List of informal consultations with statutory stakeholders and utility providers

Body	Date	Subject Matter
ESB Networks	20/08/2014	Site Visit – Existing and available capacity
ESB Networks	04/11/2014	Meeting – Existing and proposed capacity / new substation location
Dublin Fire Brigade	27/02/2015	Meeting – Pre fire safety certificate review meeting
BOC (Private Gas Utility)	09/04/2015	Meeting – Medical gases services
Gas Networks Ireland	12/05/2015	Meeting – Review of scheme and GNI application process
Gas Networks Ireland	22/05/2015	Site Visit - Review existing AGI and proposed upgrade required, walk route of existing and proposed new gas main installations
Dublin Fire Brigade	01/10/2015	Meeting – Pre fire safety certificate review meeting
ESB Networks	24/01/2017	Letter Correspondence – project update
ESB Networks	31/01/2017	Teleconference

4.4 Public Consultations

As part of the pre-application process, consultation has been carried out with local residents. Three project information sessions were held to provide an opportunity for local residents to gain an understanding of the project brief, to view the concept design and to enable feedback. Invites were issued on three occasions to over 7,000 homes by way of a leaflet drop and additional sessions were held with the Nutley Lane Residents' Association. Furthermore, engagement was held with Dublin City Council Area Councillors on four separate occasions where a presentation of the proposed development was made. The full detail of the public consultation process is set out in detail in the document entitled *"Engagement Process"* included in Volume 1 of the application documentation.

4.5 Hospitals, Clinical and User Group Consultation

In addition, and as detailed in the Engagement Process Report prepared by the HSE, there have been a range of detailed consultations with hospitals, clinical and user groups. These are detailed in the attached report *'Engagement Process'* attached to Volume 1 of the application documentation.

5.0 Relevant Planning Legislation

5.1 Strategic Infrastructure Development

The Irish planning system is governed by the provisions of the Planning and Development Act, 2000 (as amended; "the 2000 Act") and the Planning and Development Regulations, 2001 (as amended; "the Regulations). The Strategic Infrastructure Development provisions were introduced into the 2000 Act by the Planning and Development (Strategic Infrastructure) Act, 2006 and inserted a Seventh Schedule into the 2000 Act.

Specific Strategic Infrastructure Development project categories fall into the following four classes as set out in the Seventh Schedule of the 2000 Act (as amended):

1. Energy Infrastructure.
2. Transport Infrastructure.
3. Environmental Infrastructure.
4. Health Infrastructure.

If a proposed development falls within a type of development listed in the Seventh Schedule, the prospective applicant for planning permission is required to enter into consultation with the Board before applying for planning permission. The purpose of the pre-application consultations is to establish whether, in the opinion of the Board, the proposed development, if carried out, would fall within one or more of the following paragraphs of Section 37A(2):

> *"(a) the development would be of strategic economic or social importance to the State or the region in which it would be situate,*
> *(b) the development would contribute substantially to the fulfilment of any of the objectives in the National Spatial Strategy or in any regional spatial and economic strategy in force in respect of the area or areas in which it would be situate,*
> *(c) the development would have a significant effect on the area of more than one planning authority."*

If the proposed development, as contained in the Seventh Schedule, is deemed to be Strategic Infrastructure Development by the Board the prospective applicant shall make the planning application directly to An Bord Pleanála. While such applications will not be made to the local Planning Authority, the Planning Authority still has an important role to play and can, if it wishes, make a recommendation to the Board in relation to the proposed development.

5.2 Strategic Infrastructure Development and the development of the new National Maternity Hospital at St Vincent's University Hospital Campus

The Seventh Schedule of the Planning and Development Act, 2000 (as amended) and as inserted by the 2006 Planning Amendment (Strategic Infrastructure Development) Act, was further amended by Section 78 of the Planning and Development (Amendment) Act, 2010 to include the Strategic Infrastructure Development category of *"Health Infrastructure"*. The definition of *"Health Infrastructure"* as contained in the Seventh Schedule (as inserted by Section 41 Environment [Miscellaneous Provisions] Act, 2011) is:

> *"4. Development comprising the following:*
> *A health care facility (other than a development which is predominantly for the purposes of providing care services (within the meaning of Section 3 of the Nursing Homes Support Scheme Act 2009)) which, whether or not the facility is intended to form part of another health care facility, shall provide in-patient services and shall have not fewer than 100 beds in order to so provide."*

The development of the new National Maternity Hospital comprises the relocation of existing services from Holles Street and the development of a new 244 no. bed maternity hospital; developments for St. Vincent's University Hospital (including 38 no. in-patient beds) to replace existing facilities on site; new Campus wide shared non-clinical support services; a shared service yard, an extension to the existing multi-storey car park and all ancillary site development, site services, utilities and landscaping works. The HSE considered that the new National Maternity Hospital development fell within the definition of *"Health Infrastructure"* in the Seventh Schedule and entered into pre-application consultations with An Bord Pleanála with respect of same. During these pre-application consultations, the Board advised on the procedures involved and what considerations related to proper planning and sustainable development and the environment, may, in its opinion, have a bearing on its decision.

Following the completion of the pre-application consultation process, and having regard to the nature and extent of the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus, the Board issued a notice on 3rd March 2017, in accordance with Section 37B(4)(a) of the Act (as amended) that it was of the opinion that the proposed development would, if carried out fall within the scope of Paragraphs (a) and (c) of Section 37A(2), i.e. that:

> *"(a) the development would be of strategic economic or social importance to the State or the region in which it would be situate,*
> and

(c) the development would have a significant effect on the area of more than one planning authority."

A copy of this notice from An Bord Pleanála is attached to the application cover letter and is available on the Board's website.

Following this confirmation by An Bord Pleanála that the proposed development is considered to be Strategic Infrastructure Development, this Planning Application for the development of the new National Maternity Hospital at St. Vincent's University Hospital is now made directly to An Bord Pleanála, in accordance with the provisions of Section 37E of the 2000 Act (as amended).

5.3 The Environmental Impact Statement

Environmental Impact Assessment (EIA) is a process for anticipating the impacts on the environment caused by a development. An EIS is the document produced to inform that process. EIA is a systematic integrated evaluation of both positive and negative impacts of a project on the natural environment, on beneficial uses of the environment, including man-made structures, amenities and facilities, and the socio-cultural environment.

The aim of the approach is to identify and predict any likely impacts of significance for a given proposed development; to describe the means and extent by which they can be reduced or ameliorated; to interpret and communicate information about the potential impacts; and to provide an input into the decision-making and planning processes. Where effects are identified that are unacceptable, these can then be avoided or reduced during the design process.

The accompanying EIS has been informed by the pre-application consultations with An Bord Pleanála undertaken as part of the Strategic Infrastructure process, by the guidance and requirements contained in the Regulations (as amended) and has had regard to the following documents:

- '*Guidelines on Information to be contained in Environmental Impact Statements*,' EPA, 2002.
- '*Advice Notes on Current Practice in Preparation of Environmental Impact Statements*,' EPA, 2003.
- Draft *'Revised Guidelines on the Information to be contained in Environmental Impact Statements'*, EPA, 2015.
- Draft *'Advice Notes for Preparing Environmental Impact Statements'*, EPA, 2015.

In addition to the preparation of an EIS, this application is also accompanied by additional technical reports for the information of the Board. Regard has been had to these reports by the Design Team and the EIS consultants in assessing whether any significant adverse environmental effects are likely to occur, and recommending appropriate mitigation measures where necessary.

The EIS enclosed with this Planning Application documents the significant environmental impacts predicted for the proposed development. The EIS Chapters describe the project with respect to the environmental headings contained in the EPA Guidelines as follows:

- Introduction
- Description of the Development
- Planning and Development Context
- Examination of Alternatives
- Human Beings
- Traffic and Transportation
- Soils, Geology and Hydrogeology
- Hydrology
- Flora and Fauna
- Waste Management
- Noise and Vibration
- Air Quality and Climate
- Microclimate
- Visual Impact Assessment
- Archaeological, Architectural and Cultural Heritage
- Material Assets: Utilities
- Interactions and Potential Cumulative Impacts

A brief overview of the significant environmental impacts is provided in the Non-Technical Summary document, however, for a comprehensive assessment of the environmental impacts please see the EIS submitted as part of the planning application pack.

5.4 Appropriate Assessment

A Natura Impact Statement (NIS) has been prepared for this application and is included in Volume 1 of the application documentation.

The NIS contains information required for the competent authority (in this instance An Bord Pleanála) to undertake both a Stage One Screening Assessment and a Stage Two Appropriate Assessment (AA) in respect of the proposed development and was prepared by Scott Cawley Ltd. It provides

information on, and the potential for, the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus to have a significant effect, either individually or in combination with other plans or projects, on any Natura 2000 sites. The information in the NIS forms part of, and should be read in conjunction with, the documentation accompanying the application for permission for the proposed development.

Article 6(3) of Council Directive 92/43/EEC of 21 May 1992 on the Conservation of Natural Habitats and of Wild Fauna and Flora (as amended) (hereafter 'the Habitats Directive') requires that, any plan or project not directly connected with or necessary to the management of a European site, but likely to have a significant effect thereon, either individually or in combination with other plans or projects, shall be subject to AA of its implications for the site in view of the site's conservation objectives.

The possibility of there being a significant effect on a European site will generate the need for an AA to be carried out by the competent authority for the purposes of Article 6(3). Accordingly, a screening for AA in respect of an application for consent for proposed development must be carried out by the competent authority (in this case, An Bord Pleanála) in order to assess, in view of best scientific knowledge, if the proposed development, individually or in combination with another plan or project is likely to have a significant effect on any European site. Further, a Stage Two AA is required if it cannot be excluded, on the basis of objective information, that a proposed development, individually or in combination with other plans or projects, will have a significant effect on a European site. The (Stage One) Screening operates merely to determine whether a (Stage Two) AA must be undertaken on the implications of the plan or project for the conservation objectives of relevant European sites.

The NIS accompanying this application comprises information to enable An Bord Pleanála to perform both a Stage One Screening for AA, and any subsequent Stage Two AA, if required.

6.0 Documents submitted as part of the Planning Application

6.1 Planning Documentation

The Planning Application as submitted to An Bord Pleanála as Strategic Infrastructure Development consists of the following documents:

Table 6: Planning Application Documents as submitted

Volume 1 – Planning Application Documentation	
Document	**Author**
Cover Letter to An Bord Pleanála	GVA
Completed An Bord Pleanála Strategic Infrastructure Development Planning Application Form and Schedules	GVA
Copy of Site Notice	GVA
Copy of Newspaper Notices	GVA
Engagement Process Report	HSE
Letters of Consent from Landowner	St. Vincent's Healthcare Group Limited, Religious Sisters of Charity
Letters of Support	Various
Letters to Prescribed Bodies	GVA
Schedule of Drawings	O'Connell Mahon and Isherwood and Ellis Architects
Planning Report	GVA
Natura Impact Statement	Scott Cawley Ltd.

Volume 2 – EIS	
Document	**Author**
Non-Technical Summary	GVA in conjunction with the EIS Team
Introduction	GVA and Applicant
Description of the Development	GVA in conjunction with the Design Team and Applicant
Planning and Development Context	GVA
Examination of Alternatives	GVA in conjunction with the Design Team and Applicant
Human Beings	GVA
Traffic and Transportation	Arup
Soils, Geology and Hydrogeology	Arup
Hydrology	Arup
Flora and Fauna	Scott Cawley Ltd.

Waste Management	AWN
Noise and Vibration	AWN
Air Quality and Climate	AWN
Micro Climate	BRE and RWDI
Visual Impact Assessment	Arc Consultants
Archaeological, Architectural and Cultural Heritage	Irish Archaeological Consultancy
Material Assets: Site Services	Arup
Interactions and Potential Cumulative Impacts	GVA in conjunction with the EIS Team

Volume 3 – EIS Appendices	
Document	**Author**
Chapter 1 Appendices - Introduction	Various
Chapter 2 Appendices - Description of the Proposed Development	Arup
Chapter 3 Appendices - Planning and Development Context	GVA
Chapter 6 Appendices - Traffic & Transportation	Arup
Chapter 7 Appendices – Soils, Geology and Hydrogeology	Arup
Chapter 8 Appendices - Hydrology	Arup
Chapter 9 Appendices - Flora and Fauna	Scott Cawley
Chapter 10 Appendices - Waste Management	AWN
Chapter 11 Appendices - Noise and Vibration	AWN
Chapter 12 Appendices - Air Quality and Climate	AWN
Chapter 13 Appendices - Micro Climate	BRE and RWDI
Chapter 15 Appendices - Archaeological, Architectural and Cultural Heritage	Irish Archaeological Consultancy

Volume 4 – EIS Appendices	
Document	**Author**
Chapter 14 – Visual Impact	Arc Consultants

Volume 5 – Design Reports	
Document	**Author**
Architectural Design Report	O'Connell Mahon and Isherwood and Ellis Architects
Engineer's Report	Arup
Draft St. Vincent's University Hospital Campus Site Capacity Study	O'Connell Mahon and Isherwood and Ellis Architects

Volume 6 – Design Drawings	
Document	**Author**
Architectural Drawings	O'Connell Mahon Architects
Engineering Drawings	Arup
Landscape Drawings	Stephen Diamond and Associates

Other Items	
Document	**Author**
Electronic copy of all documents and drawings on DVD	O'Connell Mahon and Isherwood and Ellis Architects
Scale Model of Proposed Development	O'Connell Mahon and Isherwood and Ellis Architects

6.2 The Planning Application Fee

Given that the proposed development has been identified as Strategic Infrastructure Development by An Bord Pleanála, payment of the statutory fee of €100,000 is being made by the Applicant by way of a digital transfer, reference no. ABP/NMH/01-17.

7.0 Compliance with the Planning and Development Regulations, 2001 (as amended)

This application, being Strategic Infrastructure Development, is made directly to An Bord Pleanála. In this regard Section 37E of the 2000 Act (as amended) sets out requirements in relation to making a Strategic Infrastructure Development application to An Bord Pleanála, however, it does not contain specific requirements for drawings and materials to be submitted. In this regard we note the guidance provided by An Bord Pleanála as part of the Strategic Infrastructure Development planning application form under the heading '*General Guidance Note'* which states:

> *"The range and format of material required to be compiled/submitted with any application in respect of a proposed strategic infrastructure development shall generally accord with the requirements for a planning application as set out in the Planning and Development Regulations, 2001 to 2011 and those Regulations should therefore, be consulted prior to submission of any application." (Emphasis added)*

Based on the above, the requirements of Articles 22 and 23 of the Regulations (as amended) are noted and of relevance (where practicable). The subject planning application complies with these requirements as far as possible, as outlined below. Notwithstanding the requirements for some additional macro level drawings, the overall application seeks to comply with the requirements of Articles 22 and 23 as follows:

- In accordance with Article 22(2)(b) the subject site is outlined in red on the Site Location Map, 1:1000 (Drawing No. NMH_OCM_A_DR_PA_001), prepared by O'Connell Mahon and Isherwood and Ellis Architects.

- In accordance with Article 22(2)(b)(iv) the position of the site notices erected are identified on the Site Location Map (Drawing No. NMH_OCM_A_DR_PA_001) prepared by O'Connell Mahon and Isherwood and Ellis Architects. The site notices have been erected at these locations and are on a white background as there has been no valid application made within the red line area within the last 6 months.

- In accordance with Article 22(2)(a) the planning application is accompanied by a copy of the newspaper notices, in the format provided by An Bord Pleanála.

- In accordance with Article 23(1)(a) the site, which is the subject of this application, is outlined in red on the enclosed Proposed Site Plan prepared by O'Connell Mahon and Isherwood and Ellis Architects, at a scale of 1:500.

- The Site Plan shows all buildings, roads, boundaries and other features on, adjoining or in the vicinity of the land or structure to which the application relates. The Site Plan also indicates the distances from the proposed structures to the site boundaries.

- In accordance with Article 23(1)(b) other plans, elevations and sections are drawn at a scale of not less than 1:200.

- In accordance with Article 23(1)(c) the Site Layout Plan and other plans show the levels of the site, where applicable, relative to Ordnance Survey Datum.

- In accordance with Article 23(1)(d) drawings of elevations of the proposed structures show the main features of any buildings which would be contiguous to the proposed structure if it were erected, whether on the application site or in the vicinity, at a scale of not less than 1:200, as may be appropriate. The project architects, O'Connell Mahon and Isherwood and Ellis Architects, have additionally enclosed Contextual Elevation drawings at a scale of 1:500 where contiguous elevations at a scale of 1:200 were not achievable due to the size of the site.

- In accordance with article 23(1)(e) plans are marked/coloured to distinguish between existing structures and the works proposed.

- In relation to the structures proposed for demolition on St. Vincent's University Hospital Campus, Article 22(5) of the Regulations (as amended) does not require floor plans of these buildings. However, a drawn record of the structures proposed for demolition, in the form of a Site Plan (Drawing No. NMH_OCM_A_DR_PA_130), roof plans and elevations (Drawing Nos. NMH_OCM_A_DR_PA_130 to NMH_OCM_A_DR_PA_136), have been included for completeness.

- In accordance with article 23(1)(g) of S.I. No. 685 of 2006 all Ordnance Survey mapping is appropriately identified.

- In accordance with article 23(1)(h) of S.I. No. 685 of 2006 the north point is indicated on all relevant maps and plans.

SECTION B – PLANNING APPRAISAL

8.0 Introduction

The following Section sets out the planning context and appraisal of same that makes the case for approval of the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus. In assessing the proposed development this Section looks at the following:

- A description of the proposed development of the new National Maternity Hospital at the St. Vincent's University Hospital Campus and the context within which it is located.
- Relevant planning history at the St. Vincent's University Hospital Campus.
- The strategic planning and policy context at a national, regional and local level.
- The strategic need and healthcare policy that sets the background to and context for the proposed development.
- An in-depth planning appraisal of the proposed development looking at: macro level planning considerations; planning policy; local amenity; construction management; and, ecological issues.
- Finally, an overall conclusion on the case for approval is made.

9.0 Site Context and Description of the Proposed Development

This Section outlines the context of the development site and surroundings and provides a brief description of the proposed development.

9.1 The New National Maternity Hospital at St. Vincent's University Hospital

The Government has committed to the development of the new National Maternity Hospital on the St. Vincent's University Hospital Campus to facilitate the provision of a comprehensive model of maternity, gynaecology and neonatal service in a state of the art, custom built modern health care facility providing care to international standards to meet the needs of the Greater Dublin Area and the national population. The proposed relocation from Holles Street addresses a key recommendation of independent review[1] and international best practice that maternity hospitals should be co-located alongside adult acute services.

It is now well recognised and accepted that for optimal clinical outcomes maternity services should be co-located with adult acute services[2]. Life threatening emergencies in maternity hospitals arise frequently and unpredictably and minutes matter in terms of the overall outcome[3]. Co-location of maternity hospitals with adult acute services is the optimal solution as it can provide access to the full range of medical and surgical specialties and clinical support services in sufficient volume and complexity to provide added value[4]. This project signals a clear desire to provide the best possible services for women and infants in Ireland and is particularly important for high-risk mothers[5].

9.2 Description of the Site and Surroundings

St Vincent's Hospital was founded by Mother Mary Aikenhead, foundress of the Religious Sisters of Charity, and established at St Stephen's Green in 1834. The Hospital was transferred to its present site in Elm Park in 1970 and subsequently changed its title to St. Vincent's University Hospital in 1999. The Hospital Campus is located on a large site of 11.9 hectares that slopes from south to north with the ground levels falling from approximately +10.0m Ordnance Datum along the south and falling to approximately +4.0m Ordnance Datum at the north close to the Merrion Road (note; the planning application site measures 10.55ha). The Hospital Campus is set within the wider mixed land-use context of Elm Park in Dublin 4 and is bound by Merrion Road and Nutley Lane to the north east and north west, Elm Park Golf and Sports Club to the south and residential / commercial properties on Herbert Avenue to the east.

[1] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008
[2] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, p.10
[3] Letter submitted to ABP dated 18/12/214, Case Reference PL29S.PC0185
[4] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, p.19
[5] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, p.63

The St. Vincent's University Hospital campus is a strategic healthcare facility located in the busy neighbourhood of Merrion on a key economic corridor to the south east of the city. The immediate surrounding land uses include the retail centre at Merrion Shopping Centre, institutional and office uses such as RTE, Elm Park Business Campus, St. Michael's College, and the Caritas Convalescent Centre. Smaller neighbourhood centres are located on Merrion Road and large areas of residential development at Nutley Lane to the west, Merrion Village and Ailesbury Park to the north and Herbert Avenue and Estate Avenue to the east. The lands are bound to the south by a significant area of green space which is in use as Elm Park Golf Club.

The Campus has undergone significant development over the last 10 years which includes a new Clinical Services building and main entrance at the centre of the Campus, a new multi-storey car park to the north of the campus, a Breast Check Clinic to the east of the Campus off Merrion Road, a new ward block, the '*Nutley Wing*', to the southwestern end of the Campus and the St. Vincent's Private Hospital at the easternmost part of the Campus.

The current building heights on the Campus range from single storey ancillary buildings, through the two to five storey original Hospital buildings, the five storey plus plant Clinical Services building (2005; +35.94 ODM), the seven storey plus plant Nutley Wing (2012; +40.165 ODM) and the eight storey plus plant Private Hospital building (2010; +45.15 ODM). There is a hub of low lying primarily non-clinical support buildings at the eastern end of the Campus adjacent to the Clinical Services building which provide for Energy, Catering, Delivery, Facilities Management and Waste Management support services to the Campus.

Figure 2: Aerial View of Existing St. Vincent's University Hospital Campus

There are two main entrances to the Campus: one at Merrion Road to the east of the Campus and the other at Nutley Lane to the west. These are connected to each other by an internal Campus road which provides access to the main entrance of the Hospital at the front of the Clinical Services building and other car parking facilities located around the campus. A second internal road close to the Merrion Road entrance provides vehicular access to the Herbert Wing at the south of the Campus and the St. Vincent's Private Hospital to the east. A fire road connects the Nutley Lane entrance to the roundabout between the Herbert Wing and the St. Vincent's Private Hospital completing a full ring road around the clinical areas (for fire tender / emergency services access).

Car parking facilities are distributed throughout the Campus. Underground car parks are provided under the St. Vincent's Private Hospital and the Clinical Services building. A number of surface car parks and the multi-storey car park are to the north of the main internal road. There is also a number of surface parking areas adjacent to the Herbert Wing entrance, ED entrance and Dermatology entrance, all of which are located to the south of the internal road. A dedicated pedestrian access route links Merrion Road to the centre of the Hospital campus providing good connections to nearby bus stops and the Sydney Parade Dart Station. A good network of footpaths is provided for within the Hospital Campus providing pedestrian access from both the Nutley Lane and Merrion Road entrances.

9.3 The Site for the Development of the New National Maternity Hospital

The proposed site for the development of the new National Maternity Hospital on the St. Vincent's University Hospital Campus is to the east of the existing Clinical Services building and the Main Ward Block. The site is bound to the north by the main internal access road, to the east by the road to the St. Vincent's Private Hospital and to the south by the Herbert Wing car park. The site is currently occupied by a series of single and two-storey structures which are connected to the Main Ward Block by an existing two-storey hospital street. The ground levels change over the site sloping from north to south and this has had a significant influence on setting out the optimum level strategy for the proposed development.

Figure 3: Proposed National Maternity Hospital Site (outlined in green)

9.4 Description of the Proposed Development

Planning permission is being sought for a period of 10 no. years for the development of the new National Maternity Hospital, comprising: a 244 no. bed maternity hospital; developments for St Vincent's University Hospital (including 38 no. in-patient beds) to replace existing facilities on site; new campus wide shared non-clinical support services; a shared service yard, an extension to the existing multi-storey car park and all ancillary site development, site services, utilities and landscaping works ("the proposed development"), all at the St. Vincent's University Hospital Campus, Elm Park, Dublin 4, D04 T6F4.

The proposed development will consist of a series of developments on a 10.55 ha. site on the St. Vincent's University Hospital campus comprising the following:

- The construction of a new 50,776 sq.m. gross floor area building to be developed on a site at the eastern end of the St. Vincent's University Hospital Campus adjacent to and connected with the St. Vincent's Clinical Services building. The proposed building will rise to five and six storeys plus additional plant areas at roof level over the prevailing ground level and a proposed basement to an overall height to parapet level of 41.285 m ODM (to top of liftshaft plantroom; 47.335m ODM to top of boiler flues). The new structure provides for the new National Maternity Hospital (to be relocated from Holles Street, Dublin 2) including the following medical and surgical specialities - maternity, gynaecology, paediatrics, neonatology, pathology, genetics, anaesthesia, emergency medicine, endocrinology/diabetes, pain management, oncology, colposcopy, urodynamics, fetal medicine, haematology and 244 no. beds; replacement facilities for St. Vincent's University hospital including a new dermatology unit, 2 no. SVUH wards (38 no. beds), SVUH medical records department, finance department offices, and; shared facilities including a new waste marshalling yard, deliveries yard, purchasing & stores department, catering department & canteen, clinical engineering and hospital sterile services department. Bridge/corridor links are proposed to the existing Clinical Services building and existing ward block at levels 0, 2, 3 & 4 and will include modifications to the existing laboratories within the existing St. Vincent's Hospital.
- The construction of temporary buildings (903 sq.m. in total) including; a single storey catering staff changing facilities, a single storey household services store, a single storey carpenters' workshop and a single storey temporary canteen and access corridor.
- The expansion of the existing multi-storey car park facility (11,884 sq.m. gross floor area; two levels vertically and a five level extension at its western end adjacent to Nutley Lane to an overall height of 18.84m ODM to top of lift shaft) to accommodate the additional parking demand associated with the National Maternity Hospital and the re-provision of existing campus spaces that are displaced due to the works. The enhanced facility will provide a net increase of 277 no. space on the campus in addition to 149 no. displaced spaces to accommodate a total of 922 no. spaces over five levels.
- Two new entrances to the multi-storey car park including a new access to the lowest level (Level 0) through the existing St. Rita's surface car park and a new high level access (Level 5) adjacent to the current access. The new low level access will be under the existing pedestrian link through the campus from the Merrion Road. The provision of the new access arrangements will necessitate the displacement of a number of spaces in both the existing multi-storey car park and the adjacent St. Rita's surface carpark. The existing vehicular access point will be closed and a new taxi holding area will be provided adjacent to the western end of the extended car park close to Nutley Lane.

- The demolition of existing buildings comprising 8,765 sq.m. of space including; the existing canteen, catering staff changing facilities, transitional care unit, neurology unit pharmacy, energy centre including existing chimney stack, carpenters' workshop, electrical switch room, kitchens, purchasing stores, dermatology unit, waste marshalling yard and the nissen hut adjacent to the existing car park.
- The construction of: a new single storey ESB substation, switch room (119 sq.m.) and oil tank enclosure (236 sq.m.) adjacent to the existing Breast Check building; two new single storey bicycle store enclosures (170 sq.m. and 158 sq.m.) located to the south of the existing Nurse Education Centre for 192 no. bicycle spaces which in conjunction with new covered and convenience cycle spaces dispersed across the Campus will provide a net increase of 235 no. bicycle spaces, providing a total of 485 no. bicycle spaces on the Campus; a new single storey VIE enclosure to the south of the campus adjacent to the existing campus service road (91 sq.m.).; and, a new single storey storage building adjacent to the multi-storey car park (110 sq.m.).Modifications to existing Herbert Wing Car Park including access ramp and steps to the new building and an ambulance set down area to the southern elevation.
- Proposed modifications to the existing road network within the campus to accommodate the new hospital building and car parking facilities, hard & soft landscaping elements to the perimeter of the proposed building including modification of ground levels, modifications to existing road junctions at Nutley Lane and Merrion Road (subject to the approval of the roads authority), a temporary construction access from Nutley Lane and general landscaping modifications to campus access routes.
- The proposed development also includes all ancillary site clearance, construction, site development and landscaping works, which include but are not limited to: the relocation of medical and surgical gasses, the diversion of existing hospital campus site services, new and replacement cycle spaces, new services, water mains and communications networks and all required phasing, sequencing and site development works.

The full detail of the nature and extent of the proposed development is set out in Chapter 2 of the EIS *"Description of the Development"* and the Draft Construction Management Plan is appended to same.

10.0 Planning History

There is an extensive planning history on the St. Vincent's University Hospital Campus, with a large number of planning applications made in respect of various hospital facilities. Since 1997, some forty six applications have been made on the site. Of these applications, nine have been either amendments to previous applications or a re-application for a planning permission that had expired (i.e. an extension of duration application). A large number of the planning applications have been for minor works or for buildings of limited scale. The following permissions are of particular relevance to the proposed development. A long list chronological planning history is provided in Appendix 3.1 of the EIS.

Dublin City Council Reg. Ref. 1575/98, An Bord Pleanála Ref. PL29S.109451

Grant of Permission – Date signed by An Bord Pleanála 08/06/1999

Description: The first phase of the redevelopment of facilities at Elm Park, Dublin 4 consisted of a new 5 storey over basement building, having an area of 14,860 metres sq. built to the front (north) of and linked to the main hospital block. This building accommodates accident and emergency department at ground floor level with a new entrance to the west, Ambulatory Day Care at the first floor level, Diagnostic imaging at second floor level, Pathology Laboratory at third floor level and Intensive Care Unit at fourth floor level. A part of the fourth floor was to be built but not fitted out to accommodate operating theatres in the next phase of the development. The basement level accommodates carparking and service access. This building formed the new main entrance to the hospital. The existing 14 storey nurses home was to be demolished to make way for this phase of development. A screened landscape split-level partially sunken carpark (part 2 storey, part 3 storey) to accommodate 500 cars to the northern perimeter of the site replaced existing surface carparking in this area. The existing 2 storey Pathology building was demolished to make way for a new 3 storey building to accommodate further Ambulatory Day Care Facility. The existing helipad was relocated to a position near the demolished nurses home. Existing vehicular access to the site was retained. The internal vehicular layout was modified and surface carparking was rearranged and extended. A new pedestrian access route was provided from the Merrion Road/Nutley Lane junction. The site was landscaped including a new boundary treatment and planted mounding to Merrion Road/ Nutley Lane frontages.

Dublin City Council Reg. Ref. 5120/06, An Bord Pleanála PL29S.223111

Grant of Permission – Date signed by An Bord Pleanála 31/10/2007

Description: St. Vincent's Healthcare Group applied for planning permission for a Private Hospital on a site measuring 1.9 ha within the St. Vincent's University Hospital Campus known as St. Anthony's and located in the southern end of Herbert Avenue, Dublin 4. The development included the following: Demolition of all existing structures on site, including 1 no. habitable house; Construction of the principal Hospital building measuring c.26,500sq.m and ranging in height from 3 no. to 8 no. stories (with plant at roof level). This building was to principally accommodate 260 no. beds, operating

theatres, a high dependency unit, an accident and emergency/minor injuries department, x-ray and ambulatory day care facilities and other support clinical and non-clinical services, consulting suites, pathology facilities, a pharmacy, a hospital restaurant and general administration; A Separate 2 no. storey services building measuring 522sq.m was located to the north of the site to accommodate a gas compound, a facilities work shop and covered bicycle parking (32 no spaces). An additional 20 no. cycle spaces were provided at surface level near the entrance to the principal building; Two levels of basement were provided, accommodating 283 no. car spaces, Mechanical and Electrical plant areas and services access; The new building was linked at basement level by means of a tunnel, incorporating escape stairs, to the St. Vincent's Private and University Hospital; Existing vehicular access via Herbert Avenue was closed off except for exceptional emergency use only. All future vehicular access to the site (including everyday emergency traffic) was to be be routed through the St. Vincent's University Hospital site via the Merrion Road entrance. Existing roads and car parking within the St. Vincent's Campus was upgraded and reconfigured to accommodate this; the proposal also included for all associated site development works, including landscaping. Two outdoor shelters were to be accommodated within the landscaped areas.

Dublin City Council Reg. Ref. 3117/07

Grant of Permission – 27/02/2008

Description: An application was made to construct a seven storey in-patient ward building plus plant level above, comprising of 5 floors of ward accommodation (100) beds, a floor of day ward (20 beds), a ground floor level of administrative and support accommodation, and basement plant room, linking to the main hospital street at ground floor level, and associated minor works to a total area of 7,960msq. Facilitating the demolition required the demolition of the existing single storey Chaplaincy totalling 98sqm and temporary portacabin Village (planning permission ref: 4265/04) totalling 712sqm. The development was located between Genome Resource building/Education Research building and Convent building at the south-west part of the Campus. The works formed a part of the development of the Hospitals facilities.

11.0 Relevant Planning Policy

The below provides the strategic planning and policy context relating to the proposed development of the new National Maternity Hospital at the St. Vincent's University Hospital Campus. The relevant authority, in this case An Bord Pleanála, in its decision making is generally required to have regard to the provisions and guidance of statutory plans such as the National Spatial Strategy, Regional Planning Guidelines, Development Plans and Local Area Plans. While other non-statutory plans can inform the decision making process the relevant authority is not bound by their provisions. Under Section 143 of the 200 Act, the Board is also required to have regard to, *inter alia*, the policies and objectives for the time being of the Government, a State Authority and the Minister whose functions have, or may have, a bearing on proper planning and sustainable development.

The purpose of the Development Plan is to guide development in the administrative area of the Local Authority, to which it relates. However, the Board in making a decision in relation to Strategic Infrastructure Development is not bound by the provisions of these statutory plans, with Section 37G(2)(c) of the Planning and Development Act, 2000 (as amended) stating that:

> *"Without prejudice to the generality of subsection (1), the Board shall consider—the provisions of the development plan or plans for the area,"*

The provisions of the Development Plan or plans for the area is but one of a list of items which the Board shall consider in making its decision, as outlined in Section 37G(2)(c). While the Board must consider these items the wording of Section 37G(2)(c) is non-prescriptive and does not bind the Board to the provisions of these Plans.

The strategic planning and policy context relating to the proposed development is set out hereunder from the national, regional and local level.

11.1 National Policy Context

11.1.1 National Spatial Strategy, 2002 - 2020

At a national level the National Spatial Strategy, 2002–2020, is the statutory planning document of relevance in the context of the proposed development. The National Spatial Strategy states that:

> *"Ireland needs to renew, consolidate and develop its existing cities, towns and villages – i.e. keeping them as physically compact and public transport friendly as possible and minimising urban sprawl, while also achieving a high quality of design in new development and refurbishment. Urban land needs to be used carefully, sensitively and efficiently – with the aim of reducing dereliction and under-utilisation.[6]"*

Section 3.7 *"Key Infrastructure"* states that *"achieving spatial balance by developing the potential of areas will depend on enhancing capacity for the movement of people, goods, energy and information between different places. Improvements in terms of time and cost, can reduce the disadvantages of distance[7]"*. In this regard the National Spatial Strategy states that *"economic infrastructure, such as water services and waste, and social infrastructure, such as schools and hospitals, relate to particular locations and are also needed to support balanced regional development[8]"*. This principle formed part of the development of the gateway and hub approach to settlement patterns adopted by the Strategy.

The Strategy highlights that the enhancement of quality of life, through integrating the provision of social infrastructure with policies that affect where people live and work, is dependent on the fact that different types of infrastructure are appropriate to different points within the urban and rural structure. In this context a hierarchy of access to social infrastructure is set out that states:

> *"....if hospitals or third level educational establishments are to support specialist, high-quality functions, they need to attain a certain threshold of size. Given this, such functions will tend to develop in larger settlements[9]".*

11.1.2 National Planning Framework, Ireland 2040

A new National Planning Framework is currently being developed to succeed the National Spatial Strategy, 2002-2020. The National Planning Framework will provide a long term strategy for the spatial development of Ireland and will form the top tier of Ireland's planning policy hierarchy. It will influence Regional Economic and Spatial Strategies and County Development Plans and through this it will provide a clear vision to guide future development and investment decisions. The formal public consultation process for the National Planning Framework is currently undeway.

[6] National Spatial Strategy, 2002 – 2020, pg. 11.
[7] National Spatial Strategy, 2002 – 2020, pg. 56.
[8] National Spatial Strategy, 2002 – 2020, pg. 56.
[9] National Spatial Strategy, 2002 – 2020, pg. 112.

11.1.3 National Maternity Strategy, 2016 - 2026

The National Maternity Strategy, 2016-2026, is Ireland's first Maternity Strategy and is intended to provide the framework for a new and better maternity service for Ireland. It sets out a vision for maternity services where, *"women and babies have access to safe, high quality care in a setting that is most appropriate to their needs; women and families are placed at the centre of all services, and are treated with dignity, respect and compassion; parents are supported before, during and after pregnancy to allow them give their child the best possible start in life*[10]*".* To realise this vision, the Strategy identifies four strategic priorities set out as follows:

1. A health and wellbeing approach is adopted to ensure that babies get the best start in life. Mothers and families are supported and empowered to improve their own health and wellbeing;
2. Women have access to safe, high quality, nationally consistent, woman-centred maternity care;
3. Pregnancy and birth is recognised as a normal physiological process and, insofar as it is safe to do so, a woman's choice is facilitated;
4. Maternity services are appropriately resourced, underpinned by strong and effective leadership, management and governance arrangements, and delivered by a skilled and competent workforce, in partnership with women. [11]

With regard to maternity service provision, and specifically the co-location of maternity hospitals with adult-acute hospitals, the Strategy recognises the plans to redevelop the National Maternity Hospital at the St. Vincent's University Hospital campus, stating that:

[10] National Maternity Strategy, 2016 - 2026, pg. 13.
[11] National Maternity Strategy, 2016 – 2026, pg.13.

"Four of our maternity hospitals are standalone facilities - the National Maternity Hospital, the Rotunda Hospital, the Coombe Women & Infants University Hospital and University Maternity Hospital Limerick. However, plans to redevelop the National Maternity Hospital on the St Vincent's Hospital campus are well advanced and a planning application is imminent. In addition, the increased funding available to the Department of Health under the Government's six year capital investment framework, Building on Recovery 2016 -2021, will enable a wider maternity capital programme towards the later years of the plan, involving the relocation of the Rotunda Hospital to the Connolly Hospital campus in Blanchardstown, and Limerick Maternity Hospital to the University Hospital Limerick campus at Dooradoyle. The Plan also includes the redevelopment of the Coombe Women & Infants University Hospital on the St James's Hospital campus, the site for the proposed children's hospital, thus ensuring the development of a tri-located adult/paediatric/maternity facility. A plan is therefore in place to ensure that all maternity hospitals in the country will be co-located with an adult acute hospital in the medium term.[12]" (GVA Emphasis Added)

11.1.4 Building a Recovery: Infrastructure and Capital Investment, 2016 - 2021

This Capital Plan represents the Government's framework for investment in infrastructure for the period 2016 to 2021. The Plan prioritises spending on areas of greatest need as the economy continues its recovery, and includes just over €3 billion for investment in health infrastructure. Investment in health is focused on five main priority areas and these include: children and maternity; mental health; cancer care; social, community and primary care; and ICT. With regard to maternity services the Capital Plan makes specific reference to and gives support for the relocation of the National Maternity Hospital to St. Vincent's University Hospital Campus:

"The Capital Plan supports a reorganisation of national maternity services. The National Maternity Hospital will be relocated to the St. Vincent's Campus, and towards the later years of the Plan the Rotunda, the Coombe and Limerick maternity hospitals will move to Connolly Hospital, St James's Hospital and University Hospital Limerick, respectively.[13]" (GVA Emphasis Added)

[12] National Maternity Strategy, 2016 – 2026, pg.14-15.
[13] Building a Recovery: Infrastructure and Capital Investment, 2016 – 2021, pg. 31.

11.1.5 Smarter Travel – A Sustainable Transport Future, 2009-2020

This document, published by the now Department of Transport, Tourism and Sport, sets out the vision for a sustainable transport future by 2020. It identifies measures aimed at increasing the share of the population walking, cycling and using public transport. Through this framework, the government aims to reduce the car-based share of total commuting trips from the current average of 65% to 45%. The fundamental objective underpinning this document is the provision of a high quality, integrated and sustainable travel and transport infrastructure that supports the movement of goods and people, which will ensure continued Irish competitiveness. This translates into goals, actions and objectives seeking to ensure the availability of sustainable transport alternatives for the majority of the population.

11.1.6 National Cycle Policy Framework, 2009

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

11.1.7 Our Sustainable Future, A Framework for Sustainable Development in Ireland, 2012

Our Sustainable Future sets out the challenges facing Ireland and how we can address them in making sure that the quality of life and general well-being of our society can be improved and sustained in the decades to come. It puts in place a medium to long-term framework for advancing sustainable development and the green economy. The priorities for action cut across many of the key challenges and include *"an effective framework for transition to an innovative, low-carbon and resource-efficient society[14]."*

11.2 Regional Policy Context

11.2.1 Regional Planning Guidelines for the Greater Dublin Area, 2010 – 2022

The Regional Planning Guidelines is a statutory policy document which aims to direct the future growth of the Greater Dublin Area over the medium to long term and seeks to implement the strategic planning framework set out in the National Spatial Strategy[15]. It states that this is achieved through the appraisal of the critical elements involved in ensuring sustainable and good planning, and through the protection of sensitive and environmentally important locations. The settlement

[14] Our Sustainable Future, A Framework for Sustainable Development for Ireland, 2012, pg. 23.
[15] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 2.

strategy for the Greater Dublin Area supports the delivery of a hierarchy, focusing new housing within the existing footprint of the metropolitan areas and planning expansion of the footprint in conjunction with: new high quality public transport investment; designation of multi-modal transport corridors providing enhanced public transport linkages serving key towns; and, linked investment in developing these designated towns in the hinterland area[16].

Section 8.6 of the Guidelines deals with *"Health and Healthcare Facilities"* and states that:

> *"Like the provision of educational facilities, healthcare is not a social service provided directly by Local Authorities, however, the provision of healthcare facilities must be taken into account in planning terms[17]".*

In this context, Policy SIR4 supports close consultation between the Health Service Executive and Planning Authorities in the development management process:

> *"SIR4: Planning authorities should work with the health services with regard to provision for community based primary care centres and hospital care in key population centres, supporting their integration into new and existing communities[18]".*

The core principles of the strategic vision for the Regional Planning Guidelines provide for the consolidation of the Metropolitan Area and a more compact urban form:

> *"Development within the existing urban footprint of the Metropolitan Area will be consolidated to achieve a more compact urban form, allowing for the accommodation of a greater population than at present, with much-enhanced public transport system, with the expansion of the built up areas providing for well designed urban environments linked to high quality public transport networks, enhancing the quality of life for residents and workers alike"*

and,

> *"Development in the GDA shall be directly related to investment in integrated high quality public transport services and focused on compact urban form.*[19]**"**

[16] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 5.
[17] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 174.
[18] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 179.
[19] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 33.

With regard to economic growth, it is the aim of the Guidelines:

> *"Strategic Policy EP2: To seek sustainable economic growth across the GDA, by the promotion of identified core economic areas across the GDA in both the Dublin and Mid East Regions to facilitate new employment opportunities for existing populations and seek to reduce the volume of unsustainable long distance commuting[20]".*

With regard to physical infrastructure, it is a policy of the Guidelines that:

> *"Strategic Policy PIP1: Future investment in transport in the GDA shall serve the needs of the GDA by: (i) providing efficient and effective and sustainable means of moving people and goods for business, family and leisure purposes which minimises the environmental impact and the social and economic cost to users; (ii) allows for the development of a land use strategy that supports sustainable development; and (iii) supports growth and efficiencies in economic activity for both the GDA and the State[21]".*

Furthermore, there are a number of measures that are identified to direct and integrate land use with investment in public transport including *inter alia:*

> *"Focusing new development into sustainable compact urban areas served by high capacity and well developed public transport systems;"* and,

> *"Promotion of higher densities for employment uses around public transport nodes[22]".*

11.2.2 Transport Strategy for the Greater Dublin Area, 2016 – 2035

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 regard to the latter, the National Transport Authority's Transport Strategy for the Greater Dublin Area, 2016-2035 was adopted in April 2016. This Strategy outlines a number of principles and policies which are relevant to the new National Maternity Hospital, in particular those associated with Demand Management (Section 5.9). These policies include:

[20] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 34.
[21] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 35.
[22] Regional Planning Guidelines for the Greater Dublin Area, 2010-2022, pg. 116.

Encourage land use policies which support the provision of development in locations and at densities which enable the efficient provision of public transport services;

Seek reductions in the availability of workplace parking in urban centres to discourage car commuting, where alternative transport options are available;

Support the introduction or expansion of on-street parking controls, and charging structures, that seek to reduce commuter parking and which contribute to greater parking turnover for non-commuting purposes;

Support and facilitate the implementation and expansion of Workplace Travel Plans for all large employers.[23]

A number of improvements to heavy rail and light rail infrastructure in the Greater Dublin Area are referred to in the Strategy. Although not directly serving the Campus, improvements such as the new Metro North, Metro South, Luas Cross-City and the Luas Green Line to Bray, have the potential to significantly increase the wider public transport catchment of the St. Vincent's University Hospital Campus. They will improve public transport accessibility from a number of areas into Dublin City and allow people to interchange with direct public transport services to the Hospital Campus.

Other projects set out in the Strategy that are of relevance to St. Vincent's University Hospital Campus include the DART expansion programme that will create a full Metropolitan area DART network for Dublin with all of the lines linked and connected. This integrated rail network will be the core high capacity transit system for the Dublin Region and will deliver an increase in capacity and frequency. As part of the Strategy, it is intended to develop a number of Bus Rapid Transit (BRT) schemes including the Blanchardstown to University College Dublin BRT/Swiftway route (the closest proposed stop is located at the R138 Stillorgan Road / Nutley Lane junction). The Strategy also identifies Greystones as a location where Park and Ride facilities are to be developed, and it also incorporates the Greater Dublin Area Cycle Network Plan and supports its continued implementation.

[23] Transport Strategy for the Greater Dublin Area, 2016-2035, pg. 83-84.

11.3 Local Policy Context

11.3.1 Dublin City Development Plan, 2016-2022

St. Vincent's University Hospital Campus is located in the administrative area of Dublin City Council and therefore, the Dublin City Development Plan, 2016-2022 (hereafter the Development Plan), which came into effect on 21st of October 2016, is the relevant statutory plan. The Development Plan provides the local statutory planning policy for the City and is the principal document for guiding the development of the subject lands. [24]

11.3.1.1 Healthcare Policy

The Development Plan sets out a number of healthcare related policies that are of significance to the proposed development. Policy CEE21 makes specific reference to the proposed new National Maternity Hospital, recognising its strategic role in the City in terms of its national function, service provision, employment, economic benefit and contribution to the knowledge economy. Policy CEE21 provides specific support for the provision of the appropriate volume of floorspace and associated facilities to secure the delivery of the proposed new National Maternity Hospital:

> *"CEE21: (i) To recognise the strategic role of the hospital complexes in the city including the proposed National Paediatric Hospital and the proposed new National Maternity Hospital and to support the provision of the appropriate volume of floor space and associated facilities necessary to secure the delivery of their services and potential; having regard to their national medical function, their role as a major employer in the city, as a generator of significant economic benefits for the economy of Dublin's inner city and a promoter of the knowledge economy through research and education links with third-level colleges in the city.*[25]*"*

The Development Plan recognises the role of hospitals and the wider healthcare sector as major employers in the City, and in this context, it is the policy of Dublin City Council to promote and facilitate the expansion and development of this sector:

> *"CEE20: To recognise that hospitals and the wider healthcare sector are crucial to the wellbeing of the city, including as major sources of employment, economic development and innovation; and to promote and facilitate their development and expansion.*[26]*"*

[24] Note: The contents of Section 3.5 are extracted from the Dublin City Development Plan 2016-2022 (Interim Publication).
[25] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 81.
[26] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 81.

One of the key pillars of the strategic approach to the City's economy is:

> *"Developing academic medical centres providing excellence in research, care and teaching in the medical and health sectors.[27]"*

With regard to the academic medical sector it is noted that St. Vincent's University Hospital is a major academic teaching Hospital affiliated to University College Dublin and the existing National Maternity Hospital at Holles Street, and has ties with the Centre for Midwifery Education that provides midwifery and nursing education and training programmes for staff. The education provided includes midwifery, neonatology, gynaecology and other related programmes.

With regard to the sustainable provision and optimum use of social infrastructure, the Development Plan provides support for the enhancement of healthcare facilities in accordance with the requirements of the relevant healthcare authorities. In this context, Policies SN21 and SN22 state:

> *"SN21: To facilitate the development or expansion of community-based healthcare facilities, respite homes and day care centres in residential areas.*
>
> *SN22: To facilitate the provision of hospital, local and other healthcare facilities in accordance with the requirements of the relevant healthcare authorities and to facilitate the consolidation or enhancement of these facilities within the city as an important resource for the city, region and State.* [28]*"*

These policies acknowledge that it is the relevant healthcare authorities that are best placed to determine the detailed requirements with regard to floorspace for individual proposals.

11.3.1.2 Land Use Zoning Principles

The policies and objectives for the overall Zoning Strategy of the Development Plan are derived from the Plan's Core Strategy. The Zoning Strategy is based on a number of stated underlying principles, one of which specifically recognises health institutions in terms of their role in the economic, social and cultural health of the City:

[27] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 74.
[28] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 197.

> *"Dublin City Council recognises that certain public bodies, and also educational and health institutions, provide important services for the city on their sites. The continued provision of these services is desirable for the economic, social and cultural health of the city, and it is the policy of Dublin City Council to co-operate with these bodies and institutions in relation to future planning and development.* [29]*"*

Other underlying principles of the Zoning Strategy of relevance to the proposed development include the encouragement and promotion of the efficient use of urban lands and the intensification of sustainable development close to public transport corridors. In this context the Development Plan states:

> *"That development should be encouraged in established centres, and the redevelopment of under-utilised and brownfield land in these areas should be promoted, with a view to consolidating and adding vitality to existing centres, and ensuring the efficient use of urban lands.*
>
> *That intensification of sustainable development should be permitted adjacent and close to public transport nodes and corridors in order to maximise the use of public transport, to minimise trip generation and distribution and to promote sustainable development.* [30]*"*

The Development Plan recognises a number of challenges relating to land use zoning including: capacity for planned population increases; environmental considerations; the needs of communities; and, the importance of consolidating the City sustainably. In addition to ensuring capacity for new homes to serve the growing population, the Development Plan highlights the need to ensure that there is capacity to meet the needs of existing and future residential communities, in particular for schools, hospitals and recreational activities[31].

11.3.1.3 Site Specific Zoning and Objectives: Zone Z15

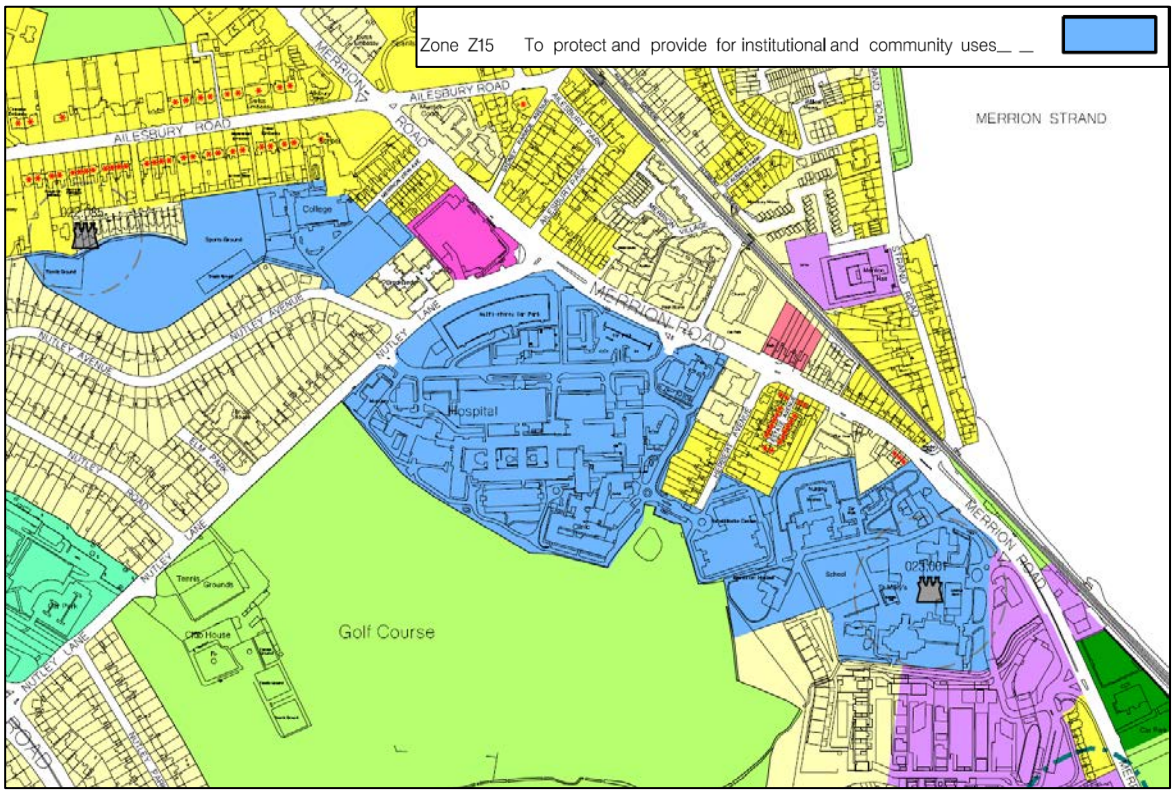
As shown on Figure 4 below the subject site is zoned Z15, which has the objective:

> *"To protect and provide for institutional and community uses.*[32]*"*

[29] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 209.
[30] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 209.
[31] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 210.
[32] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 226.

Under the Z15 zoning *"Buildings for the health, safety and welfare of the public", "Residential institution"* and *"Open space"* are permitted in principle and *"Car park ancillary to main use"* is open for consideration.

Figure 4: Site Zoning – Dublin City Development Plan 2016-2022 (Map H)



The Development Plan highlights the importance of Z15 zoned lands and the role these lands play in: the achievement of a more compact City; the creation of vibrant neighbourhoods; creating a sustainable well-connected City; and, through the provision of infrastructure such as schools, hospitals and open space. The Development Plan recognises that Z15 lands include nationally important institutions, such as hospitals, and that it is the Council policy to cooperate with these institutions in order to promote the strategic long-term needs of the City and Country[33].

With regard to the development of Z15 zoned lands, the Development Plan provides that consideration should be given to the following matters: the potential to contribute to the development of a strategic green network; existing residential amenity including prevailing height,

[33] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 227.

aspect, natural lighting, sunlight, layout and open space; and, the avoidance of abrupt transitions of scale between zonings[34].

In relation to the requirement to produce a masterplan on Z15 zoned lands the Development Plan states that:

> *"A masterplan is not required in the case of minor developments associated with the existing use or where the development proposed relates to extensions to the existing community and institutional use and would enhance the facilities.[35]"*

With regard to architectural heritage it is noted that there are no protected structures located at the St. Vincent's University Hospital Campus.

11.3.1.4 Surrounding Land Use Zonings

The St. Vincent's University Hospital Campus is located between Merrion Road and Nutley Lane with its northern, north-east and north-west boundaries being defined by these roads. The opposite side of Nutley Lane comprises residential and mixed use lands zoned Z1 *"to protect, provide and improve residential amenities"* and Z4 *"to provide for and improve mixed-services facilities"*. The Merrion Centre, a mixed-use development, is designated a Level 4 Neighbourhood Centre in the Retail Hierarchy for the City. The opposite side of Merrion Road is in part zoned Z1, with an area also zoned Z2 *"To protect and/or improve the amenities of residential conservation areas".*

Elm Park Golf and Sports Club is located to the south of the Hospital Campus and is zoned Z9 *"to preserve, provide and improve recreational amenity and open space and green networks"*. The residential dwellings to the east/south-east of the site on Herbert Avenue are zoned Z2 while the office and car showrooms are zoned Z1. A group of Z2 zoned Protected Structures are located to the east of the dwellings on Herbert Avenue at Estate Avenue. In relation to Z2 zoned lands it is the policy of Dublin City Council to "*protect the special interest and character of all Dublin's Conservation Areas [36]".*

With regard to transitional zone areas, the Development Plan notes that it is important to avoid abrupt transitions in scale and use zones. In order to protect the amenities of the more environmentally sensitive zones, the Development Plan advises that "*...in zones abutting residential areas or abutting*

[34] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 227.
[35] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 227.
[36] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 168.

residential areas or abutting residential development within predominately mixed-use zones, particular attention must be paid to the use, scale, density and design of development proposals and to landscaping and screening proposals in order to protect the amenities of residential properties[37]*".*

11.3.1.5 Relevant Policies and Objectives

The Development Plan sets out that the vision for the urban form and structure of the City is to achieve a high quality, sustainable urban and natural environment, which is attractive to residents, workers and visitors. One of the key principles underpinning this vision is the creation of a more compact City, where residents can live close to their places of work or study, and can easily traverse the City, thereby reducing urban sprawl and unsustainable travel patterns.[38] In the context of making a more compact sustainable City it is the policy of Dublin City Council:

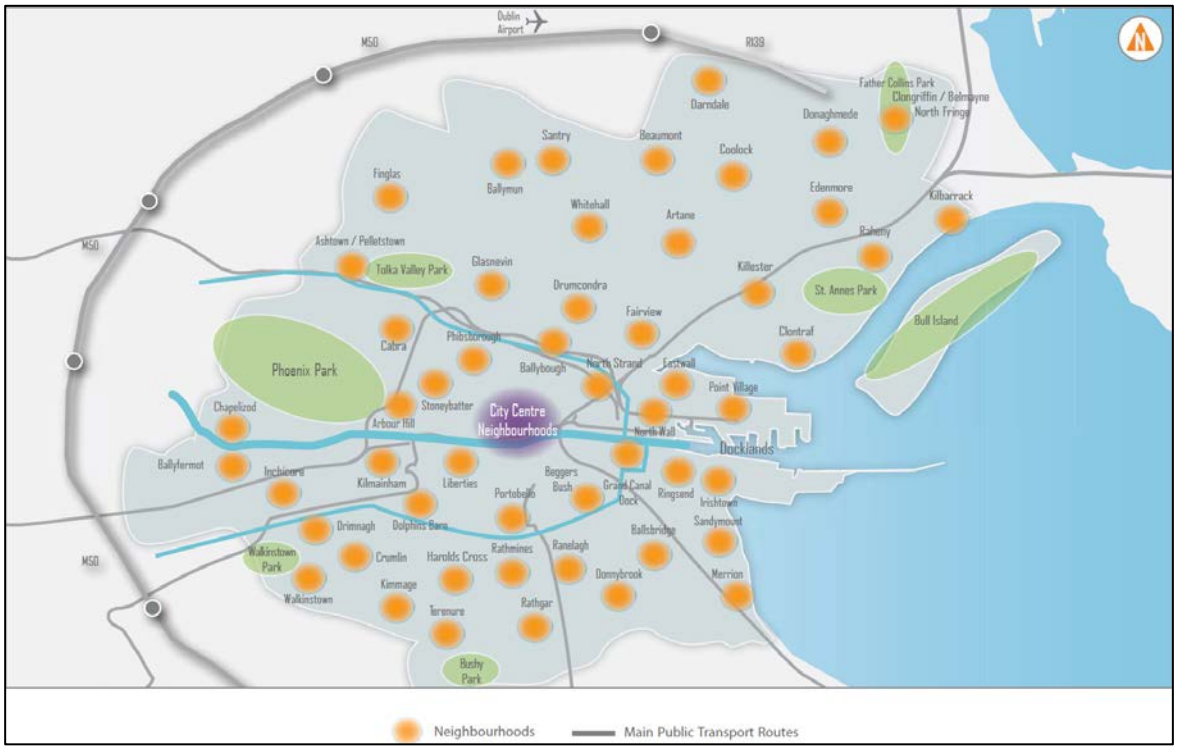
> *"SC13: To promote sustainable densities, particularly in public transport corridors, which will enhance the urban form and spatial structure of the city; which are appropriate to their context, and which are supported by a full range of community infrastructure such as schools, shops and recreational areas, having regard to the safeguarding criteria set out in Chapter 16 (development standards), including the criteria and standards for good neighbourhoods, quality urban design and excellence in architecture. These sustainable densities will include due consideration for the protection of surrounding residents, households and communities.*[39]*"*

While the proposed development is of national importance it also serves a dual level purpose as a facility of local standing. In this context, we note that St. Vincent's University Hospital is located in the neighbourhood of Merrion, see Figure 5 below. The Development Plan recognises the importance of *inter alia* health facilities as an important community resource for the City and in this regard protects these lands as strategic assets:

> *"…the development plan puts a new emphasis on institutional lands as an important community resource for the city in providing educational, recreational, community and health facilities, for both the city and local neighbourhoods. The Plan protects these lands as a strategic asset for the city.*[40]*"*

[37] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 212.
[38] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 42.
[39] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 49.
[40] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 26.

Figure 5: Sustainable Communities and Neighbourhoods



Source: Dublin City Development Plan, 2016-2022, pg. 191.

With regard to the sustainable provision and optimum use of social infrastructure the Development Plan states that, *"...the provision of strategic new infrastructure should complement the range of neighbouring facilities already existing in the vicinity*[41]*"*. This text is supported by Development Plan Policy SN16 that states:

> *"SN16: To ensure that the provision of strategic new community infrastructure complements the range of existing neighbourhood facilities...*[42]*"*

Furthermore, Policy SN7 of the Development Plan highlights the importance of supporting infrastructure in underpinning successful neighbourhoods and sustainable communities:

> *"SN7: To support and encourage the future growth of a wide range of public, social and community services essential to local community life...*[43]*"*

[41] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 196.
[42] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 196.
[43] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 194.

In order to maximise the use of public transport infrastructure and minimise car dependence, the Development Plan encourages higher densities and interactive mixed uses within walking distance of public transport corridors and nodes. In the context of integrating land-use and transportation it is an objective of Dublin City Council:

> *"MTO1: To encourage intensification and mixed-use development along existing and planned public transport corridors and at transport nodes where sufficient public transport capacity and accessibility exists to meet the sustainable transport requirements of the development, having regard to conservation policies set out elsewhere in this plan and the need to make best use of urban land…*[44]*"*

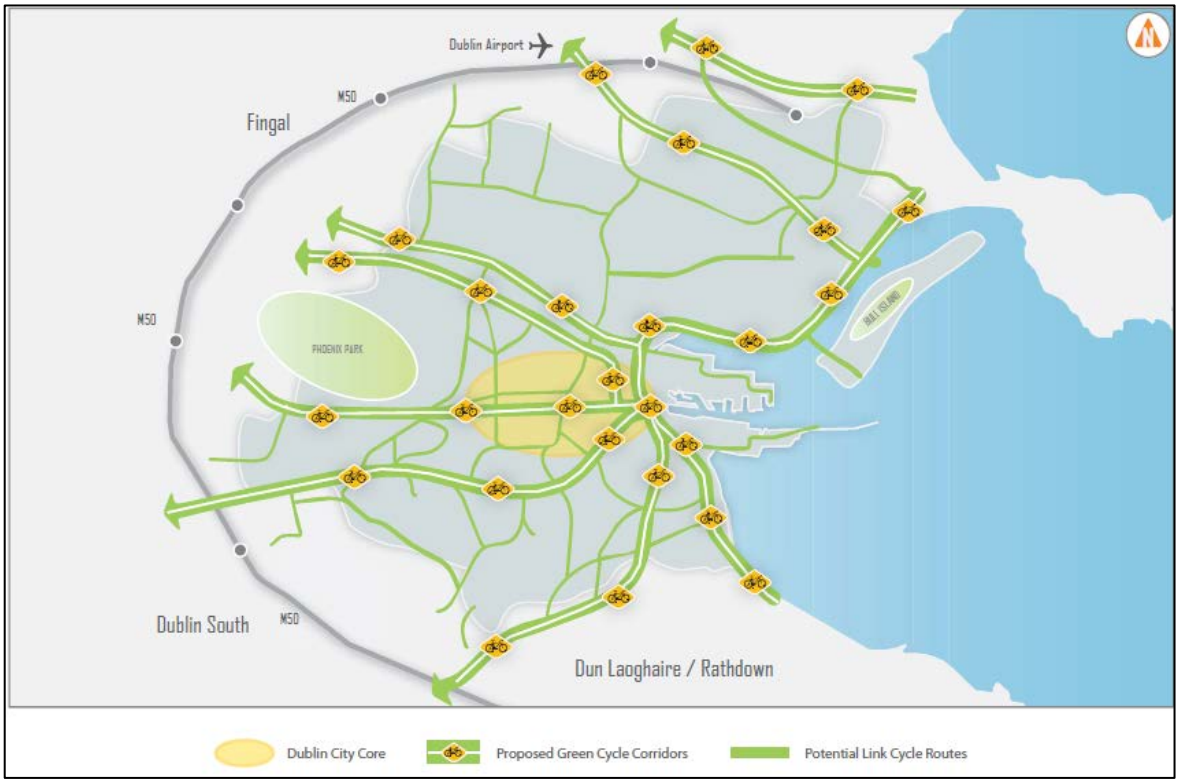
In addition to the integration of land-use and transportation, the Development Plan also promotes active travel and encourages increased levels of cycling and walking. Policy MT7 sets out the Planning Authority's support for improving the City's environment for walking and cycling:

> *"MT7: To improve the city's environment for walking and cycling through the implementation of improvements to thoroughfares and junctions and also through the development of new and safe routes, including the provision of foot and cycle bridges. Routes within the network will be planned in conjunction with Green Infrastructure Objectives and on foot of (inter alia) the NTA's Cycle Network Plan for the Greater Dublin Area, and the National Cycle Manual, having regard to policy GI5 and objective GIO18.*[45]*"*

In the context of the above, Figure 6 below, illustrates the Dublin City Green Cycle Network, including a proposed green cycle corridor running adjacent to the St. Vincent's University Hospital Campus.

[44] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 103.
[45] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 107.

Figure 6: Dublin City Green Cycle Network



Source: Dublin City Development Plan, 2016-2022, pg. 111.

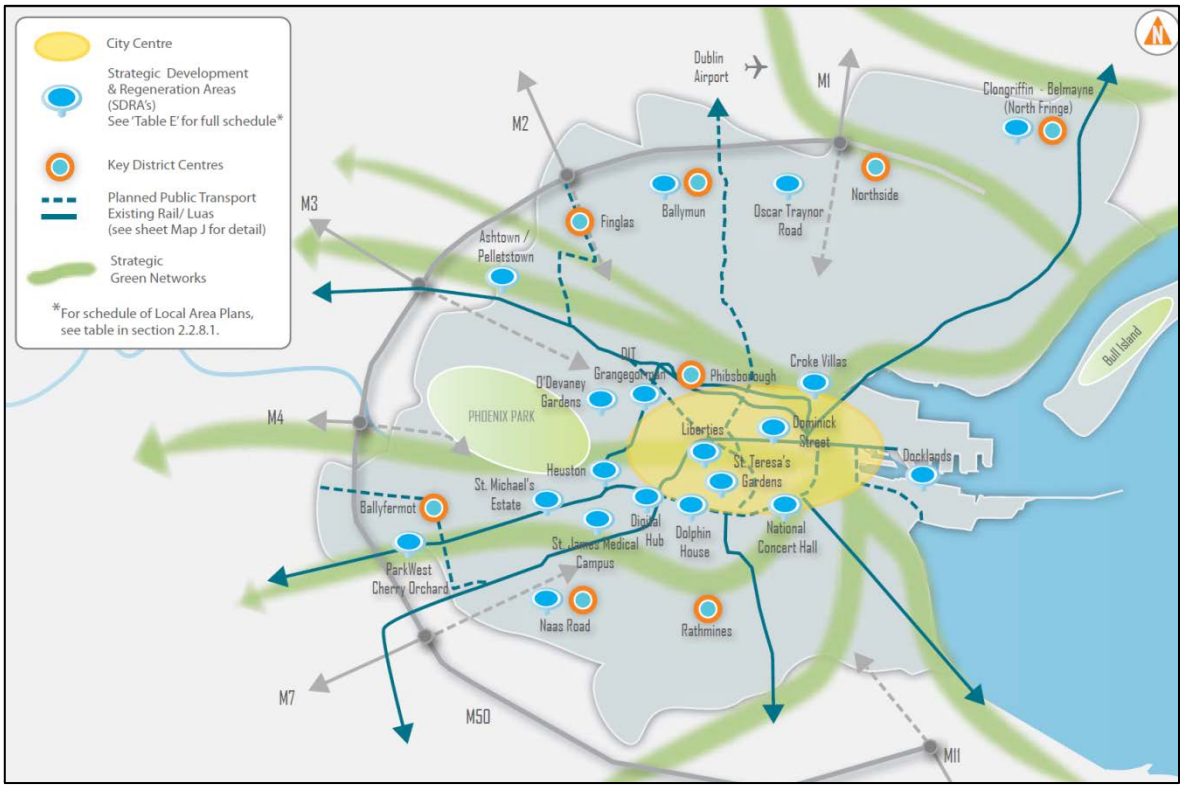
With regard to sustainable transport it is the policy of Dublin City Council:

> *"MT13: To promote best practice mobility management and travel planning to balance car use to capacity and provide for necessary mobility via sustainable transport modes.*[46]*"*

Part of the Planning Authority's approach towards the inner suburbs is the development of a strategic green network. The strategic green network is described in the Development Plan as comprising river/canal corridors and open/institutional lands which can contribute to the built and natural landscape of the City[47]. Figure 7 below illustrates the location of the Development Plan's strategic green network.

[46] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 110.
[47] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 47.

Figure 7: Core Strategy: Strategic Green Networks



Source: Dublin City Development Plan, 2016-2022, pg. 17.

11.3.1.6 Development Standards

In addition to the Core Strategy and policy objectives, the Development Plan also contains qualitative and quantitative development standards. Qualitative standards include design, layout, mix of new buildings and landscaping, whilst quantitative standards include density, plot ratio, site coverage, access, and roads standards. An overview of the relevant development standards are provided hereunder.

Development Standards – Design

The Development Plan provides that all development will be expected to incorporate exemplary standards of high-quality sustainable and inclusive urban design and architecture. The Development Plan sets out detailed design principles for consideration in proposals for development based on four elements: design that respects and enhances character and context; sustainable design; inclusive design; and, design for a safer environment[48].

[48] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 285.

In addition to the above, the Development Plan requires that proposals for new development greater than 10,000sq.m. shall include an Urban Design Statement that addresses the following matters:

> *"How any proposed access points, routes or new streets are interconnected logically with the existing local network of streets, to aid legibility, permeability and walkability and complement local 'desire lines'.*
>
> *How the development will contribute positively to the quality of the streets and public spaces surrounding it; this should include graphic material showing how the development will contribute to the character of the street and its activity and to the quality of the pedestrian environment.*
>
> *How the development will contribute to a coherent enclosure for the street or public space including consideration of the proportions and activities of the buildings on both sides of a street or surrounding a public space.*
>
> *How the proposals impact on, or are affected by, other planned development in the local area. Where a number of developments are proposed in proximity to each other, they may have the potential to cumulatively exert significant change on a neighbourhood. Where this is the case, any potential conflicts or opportunities for synergies or economies should be examined.*
>
> *How the layout and design of buildings, public realm or infrastructure respond to the series of non-prescriptive questions as set out in the DEHLG's Urban Design Manual, to be considered during the key stages of the design and planning process; proposals should also demonstrate how they address the principles as set out in the Neighbourhood Section of the Urban Design Manual.*
>
> *How communal amenity spaces within residential developments are designed to be clearly distinct from fully public spaces and their scale and activities appropriate so as to fit within the local network of planned or existing public spaces.*[49]*"*

[49] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 313-314.

Development Standards - Height

Section 4.5.4 *"Taller buildings as Part of the Urban Form and Spatial Structure of Dublin"* outlines Dublin City Council's approach to taller buildings:

> *"...the spatial approach to taller buildings in the city is in essence to protect the vast majority of the city as a low-rise city, including established residential areas and conservation areas within the historic core, while also recognising the potential and the need for taller buildings to deliver the core strategy.*[50]*"*

In addition to the above, this section of the Development Plan states that:

> *"In all cases, proposals for taller buildings must respect their context and address the assessment criteria set out in the Development Standards section, to ensure that taller buildings achieve high standards in relation to design, sustainability, amenity, impacts on the receiving environment, and the protection or framing of important views.*[51]*"*

The above text is supported through Development Plan Policies SC16, SC17 and SC18. With regard to the assessment of development proposals, Policy SC17 again refers to the development standards section contained in Chapter 16 of the Development Plan. Section 16.7 *"Building Height in a Sustainable City"* addresses building heights from a development standards perspective, stating that:

> *"A co-ordinated approach shall be taken to the potential positioning of higher building forms across the city to create clusters, where appropriate, and prevent visual clutter or negative disruption of the city skyline.*[52]*"*

With regard to building height, the St. Vincent's University Hospital Campus is located in the category *"Low-rise (relates to the prevailing local height and context)*[53]*"*. The Development Plan sets out three sub-categories within the category of *Low Rise*:

- *Inner City: Up to 28m commercial / Up to 24m residential*
- *Rail Hubs (within 500m of existing and proposed LUAS, mainline, DART, DART Underground and Metro Stations: Up to 24m commercial and residential.*
- *Outer City: Up to 16m commercial and residential*[54]

[50] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 49.
[51] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 51.
[52] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 299.
[53] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 300.
[54] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 300.

Based on its location, the St. Vincent's University Hospital Campus falls within the category of *Low Rise (Rail Hub)*, being located within 500m of the DART mainline stop at Sydney Parade. In this regard, Section 16.7.2 *"Building Height in Dublin"* provides a definition of height for such areas as up to 24m. Height is presented in metres rather than storeys to take account of different floor-to-ceiling heights applicable to different uses which could result in a disjointed streetscape.

However, it is important to note that the Development Plan makes provision for increased height at a site with a pre-existing height over that stipulated above. In this instance the Development Plan sets out that a building of the same number of storeys as the existing may be permitted subject to assessment against the standards set out elsewhere in the Development Plan.

> *"Where a site has a pre-existing height over that stipulated above, a building of the same number of storeys may be permitted, subject to assessment against the standards set out elsewhere in the Development Plan and the submission of an Urban Design Statement outlining:*
>
> - *The context with a site and area analysis which includes an appraisal of the character of the area adjoining the site.*
> - *The design principles which have been applied and how these will be translated to the development in terms of response to local character, layout, density, scale, landscape, visual appearance and impact on amenities, including sunlight.*
> - *Drawings, perspectives and photo-montages to demonstrate how the approach has been applied.* [55]*"*

In this regard, it should be noted that both the St. Vincent's Private Hospital and the recently constructed Nutley Wing both exceed 24m in height (at 9 and 8 storey, including plant, buildings respectively).

With regard to plant, flues and lift over runs, the Development Plan states:

> *"That plant, flues and lift over runs should not be included in the height of the building, as long as they are set back and properly screened and do not significantly add to the shadowing or otherwise of natural light beyond that of the main structure.* [56]*"*

[55] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 300.
[56] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 299.

Development Standards – Plot Ratio

The Development Plan provides indicative plot ratio standards, with Z15 *"Institutional Long Term"* lands having an indicative plot ratio of 0.5 – 2.5. The Development Plan also notes that a higher plot ratio may be permitted to accommodate hospital developments in order:

> *"To facilitate the strategic role of institutions such as hospitals.*[57]*"*

The Development Plan states that indicative plot ratios standards need to be used in conjunction with other development control measures including, site coverage, building height, public and private open space, the standards applied to residential roads, and parking provision[58].

Development Standards – Site Coverage

The Development Plan provides indicative site coverage standards, providing an indicative standard of 50% for Z15 zoned lands. The standards are intended to be indicative only and in this regard higher site coverage may be permitted in certain circumstances including: sites adjoining major public transport termini and corridors; and, where a site already has the benefit of a higher site coverage[59].

Development Standards – Density

With regard to the density of a proposed development, the Development Plan states that:

> *"The density of a proposal should respect the existing character, context and urban form of an area and seek to protect existing and future residential amenity. Public transport capacity will also be used to determine the appropriate density allowable.*[60]*"*

In relation to proposals for higher densities, the Development Plan states that it must be demonstrated how the proposal contributes to place-making and the identity of an area, as well as the provision of community facilities and/or social infrastructure to facilitate the creation of sustainable neighbourhoods[61].

[57] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 296.
[58] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 296.
[59] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 298.
[60] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 295.
[61] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 295.

Development Standards – Open Space and Green Infrastructure

With regard to public open space, the Development Plan states that the provision of meaningful public open space is required in development proposals on all lands in order to progress the City's green infrastructure network, to improve biodiversity, and to expand the choice of public spaces available. Section 16.3.3 of the Development Plan states that for Z15 zoned lands the requirement will be 25% accessible open space and/or provision of community facilities[62](GVA Emphasis Added). However, it is noted that this requirement need not apply if the footprint of the existing buildings exceeds 50% of the total site area of the institutional lands. It should be noted that hospitals, by reference to Section 14.8.14 of the Development Plan, are considered an integral part of the community infrastructure of the City.

With regard to the layout of public open space, the Development Plan states that the 25% public open space shall not be split up, unless site characteristics dictate otherwise, and shall comprise mainly of soft landscaping suitable for recreational and amenity purposes and should contribute to, and create linkages with, the strategic green network[63].

Green Infrastructure is described in the Development Plan as an interconnected network of green space that conserves natural ecosystem values and functions. In the context of development management, it is an objective of Dublin City Council:

> *"GIO1: To integrate Green Infrastructure solutions into new developments and as part of the development of a Green Infrastructure Strategy for the city.*
>
> *GIO2: To apply principles of Green Infrastructure development to inform the development management process in terms of design and layout of new residential areas, business/industrial development and other significant projects.[64]"*

Development Standards – Community Infrastructure

Proposals for new large development must make a contribution to an area in terms of community facilities and social infrastructure where significant shortfalls are identified. When submitting plans for large-scale residential, typically over 50 units depending on local circumstances, and/or mixed-use schemes (i.e. circa 5,000 sq.m and above), developers are required to submit an audit of existing

[62] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 294.
[63] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 227.
[64] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 146.

facilities within the area and to demonstrate how the proposal will contribute to the range of supporting community infrastructure[65].

The subject lands are inherently community infrastructure in their nature as referred to in the Development Plan's description of Z15 zoned lands where it states, *"the present uses on the lands generally include community-related development including schools, colleges, residential institutions and healthcare institutions, such as hospitals.*[66]*"*(GVA Emphasis Added)

Development Standards – Built Heritage

The Planning Authority's policy to ensure the conservation and protection of areas of special historic and architectural interest is as follows:

> *"CHC4: To protect the special interest and character of all Dublin's Conservation Areas (11.1.5.4). Development within or affecting all conservation areas will contribute positively to the character and distinctiveness; and take opportunities to protect and enhance the character and appearance of the area and its setting, wherever possible.* [67]*"*

With regard to the application of the above policy, the Development Plan states that where development affects the setting of a Conservation Area, an assessment of its impact on the character and appearance of the area will be required.[68]

With regard to protected structures it is the policy of Dublin City Council to ensure that the special interest of protected structures is protected.[69]

Development Standards – Transport

The criteria upon which a Transport Assessment is required to be submitted with a Planning Application is set out in Appendix 4 of the Development Plan. A Transport Assessment is required to be submitted for *inter alia "Office, education and hospital development in excess of 2,500sq.m.*[70]*"*

[65] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 314.
[66] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 226.
[67] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 168.
[68] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 170.
[69] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 163.
[70] Dublin City Development Plan (Interim Publication), 2016 – 2022, Appendices, pg. 122.

As a general guideline the Planning Authority may request a Travel Plan if an existing or proposed commercial development has the potential to employ over 100 workers in line with the threshold indicated in the Department of Transport's, *'Smarter Travel, A Sustainable Transport Future 2009 – 2020'*. Additionally, Travel Plans may be required for proposed centres of employment or existing centres where expansion/re-development is proposed, which the Planning Authority considers to have significant trip generation and attraction rates and where potential exists to accommodate a substantial proportion of these trips by sustainable modes[71]. The requirement for the submission of a Travel Plan will be assessed on a case-by-case basis. Account will be taken of the location, scale of development, the precise nature of the uses proposed and the anticipated impact on the surrounding area, in terms of congestion and the existing and proposed transport network[72].

Development Standards – Roads and Services

The Development Plan states that the design standards required for carriageway, gradients, footpaths, cycle lanes, junctions, road drainage, cul-de-sac, sight lines, boundary walls, vehicle access, service roads, bus lay-bys, drainage and other underground services, will adhere to the Design Manual for Urban Roads and Streets. In addition, all services must be provided underground in the interests of amenity except where it is clearly shown by a statutory undertaker that underground location is of an impractical nature[73].

Development Standards – Car Parking

The Dublin City Council area is divided into three areas for the purpose of parking control with St. Vincent's University Hospital Campus located in Parking Control Area 2. In relation to this Control Area the Development Plan states that:

> *"Car parking provision in Zones 1 and 2 is restricted on account of the proximity of these locations to public transport. An increased density of development will be promoted in Zone 1 and those parts of Zone 2 where the development is in close proximity to good public transport links.*[74]*"*

[71] Dublin City Development Plan (Interim Publication), 2016 – 2022, Appendices, pg. 124.
[72] Dublin City Development Plan (Interim Publication), 2016 – 2022, Appendices, pg. 125.
[73] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 302.
[74] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 340.

Car parking standards are provided in Table 16.1 of the Development Plan and the standard for *"Hospitals (Out-Patient facilities)"* is 1 no. space per 100sq.m gross floor area. A note to Table 16.1 states that "I*n assessing car parking requirements for hospitals, Dublin City Council will have regard to the numbers of shift staff, core hour's staff, patients and visitors*.[75]"

The Development Plan states that the car parking standards are generally regarded as maximums and that provision in excess of the standards shall only be permitted in exceptional circumstances. Parking provision below the maximum standard may be permitted provided it does not impact negatively on the amenities of surrounding properties or areas and there is no potential negative impact on traffic safety. In addition, the Planning Authority may require the maximum number of car parking spaces specified in Table 16.1 to be reduced where it is considered that the surrounding road network is not sufficient to cater for the volume of traffic likely to be generated by the proposed development.[76]

At least 5% of the total number of car parking spaces provided should be designated for disabled car parking and motorcycling should be provided in designated, signposted areas at a rate of 4% of the number of car parking spaces provided. [77]

With regard to on-street car parking it is the policy of Dublin City Council:

> *"MT14: To minimise loss of on-street car parking, whilst recognizing that some loss of spaces is required for, or in relation to sustainable transport provision, access to new developments, or public realm improvements.*[78]*"*

In terms of the supply and pricing of car parking it is the policy of Planning Authority:

> *"MT16: To control the supply and price of all parking in the city in order to achieve sustainable transportation policy objectives.*[79]*"*

[75] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 347.
[76] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 340.
[77] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 342.
[78] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 113.
[79] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 113.

Development Standards – Cycle Parking

The Development Plan states that secure cycle parking facilities shall be provided in *inter alia* new public transport interchanges, office blocks, hospitals, etc., in accordance with the cycle parking standards set out in Table 16.2. The standard provided in Table 16.2 for *"Hospitals"* is 1 space per 5 hospital beds.

The Development Plan provides guidance in relation to the type and location of bicycle stands including *inter alia* distances of the racks to the destination, cycle facilities in multi-storey car parks, shower and changing facilities.

Development Standards – Sustainable Building Design and Energy Efficiency

The Development Plan highlights Dublin City Council's commitment to encouraging the efficient use of energy in the built environment and the use of renewable energy. In this regard, Policies CC3 and CC4 of the Development Plan seek:

> *"CC3: To promote energy efficiency, energy conservation, and the increase use of renewable energy in existing and new developments.*
>
> *CC4: To encourage building layout and design which maximises daylight, natural ventilation, active transport and public transport use.* [80]*"*

Additionally, it is the objective of the Development Plan:

> "GI02: *to apply principles of Green Infrastructure development to inform the development management process in terms of design and layout of new residential areas, business/industrial development and other significant projects.*[81]*"*

Section 16.2.1.2 of the Development Plan sets out the Planning Authority's approach to sustainable design and states that all proposals for development should seek to meet the highest standards of sustainable design and construction with regard to the optimum use of sustainable building design criteria such as passive solar principles and also green building materials. For larger schemes, consideration should be given to district heating schemes and Combined Heat and Power (CHP)[82]. In

[80] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 34.
[81] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 146.
[82] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 287.

order to reduce energy consumption, the Development Plan suggests the consideration of the following design considerations:

- Passive solar design including the orientation, location and sizing of windows.
- The use of green building materials: low embodied energy products and recycled materials.
- The use of natural ventilation or mechanical ventilation with heat recovery.
- Energy-efficient window glazing units and frames.
- Building envelope air tightness.
- Appropriate use of thermal mass and insulation.
- Appropriate renewable technologies.
- Measures to conserve water. [83]

In the context of sustainable building design, Policy QH12 requires planning applications to be supported by information indicating how the proposal has been designed in accordance with the development standards:

> *"QH12: To promote more sustainable development through energy end-use efficiency, increasing the use of renewable energy, and improved energy performance of all new development throughout the city by requiring planning applications to be supported by information indicating how the proposal has been designed in accordance with the development standards set out in the Development Plan.[84]"*

Development Standards – Lighting Design

With regard to the lighting design associated with proposals for development, it is the policy of the Planning Authority:

> *"SI26: To ensure that the design of external lighting proposals minimises light spillage or pollution in the surrounding environment and has due regard to the residential amenity of the surrounding area.*
>
> *SI27: To require lighting design to be appropriate to the end use in relation to residential areas, footpaths, cycle paths, urban streets and highways i.e. use of low-level bollard lighting along cycle paths.[85]"*

[83] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 287.
[84] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 63.
[85] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 136.

In terms of the potential impact of external lighting on biodiversity, it is the policy of the Planning Authority:

> *"GI27: To minimise the environmental impact of external lighting at sensitive locations to achieve a sustainable balance between the needs of an area, the safety of walking and cycling routes and the protection of light sensitive species such as bats.[86]"*

Development Standards – Noise Pollution and Air Quality

With regard to noise pollution and air quality it is the policy of Dublin City Council:

> *"SI25: To seek to preserve and maintain air and noise quality in the city in accordance with good practice and relevant legislation.[87]"*

Development Standards – Water

With regard to flood management it is an objective of the Development Plan that:

> *"SI08: All development proposals shall carry out, to an appropriate level of detail, a Site-Specific Flood Risk Assessment (SSFRA)....[88]".*

Sustainable Urban Drainage forms part of the Development Plan's approach to green infrastructure. Policy SI18 states that it is the policy of the Council:

> *"SI18: To require the use of Sustainable Urban Drainage Systems in all new developments, where appropriate, as set out in the Greater Dublin Regional Code of Practice for Drainage Works. The following measures will apply:*
>
> - *The infiltration into the ground through the development of porous pavement such as permeable paving, swales, detention basins;*
> - *The holding of water in storage areas through the construction of green roofs, rainwater harvesting, detention basins, ponds, wetlands;*
> - *The slow-down of the movement of water.[89]"*

With regard to sustainable urban drainage the Development Plan notes that the following systems should be considered in development proposals: green roofs and raised courtyards; attenuation

[86] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 153.
[87] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 135.
[88] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 130.
[89] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 132.

ponds, swales, wetlands and detention basins (in larger schemes); permeable paving; infiltration planters; and, water butts[90].

With regard to waste water it is an objective of Dublin City Council:

> *"SIO3: To require all new development to provide a separate foul and surface water drainage system and to incorporate sustainable urban drainage systems.*
>
> *SIO4: To minimise wastage of water supply by requiring new developments to incorporate water conservation measures, and to promote water conservation by all water users[91]".*

Development Standards – Waste Management

With regard to waste management, the Planning Authority requires the implementation of a materials source and management plan:

> *"SIO17: To promote the re-use of building materials, recycling of demolition material and the use of materials from renewable sources. In all developments in excess of 10 housing units and commercial developments in excess of 1000sq.m., a materials source and management plan showing type of materials/proportion of re-use/recycled materials to be used shall be implemented by the developer[92]".*

Development Standards – Appropriate Assessment

To ensure that proposed developments will not adversely affect the integrity of any European site(s), Policy GI2 states:

> *"GI2: That any plan/project, either individually or in combination with other plans or projects that has the potential to give rise to significant effect on the integrity of any European site(s), shall be subject to an appropriate assessment in accordance with Article 6(3) and 6(4) of the EU Habitats Directives.[93]"*

[90] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 287.
[91] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 126.
[92] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 133.
[93] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 146.

12.0 Strategic Need and Healthcare Policy

In this Section, the strategic need for the development of the new National Maternity Hospital at St. Vincent's University Hospital is explained in light of existing health infrastructure and the healthcare context underlying the proposed model of care. These key factors that are driving the Government decision on the proposed development are highlighted and their relevance explained.

The strategic need for the proposed development is further exemplified by the letters of support attached to the application documentation (Volume 1).

12.1 Strategic Need

The strategic need for the proposed development of the new National Maternity Hospital at St. Vincent's University Hospital Campus is underpinned by a number of critical factors:

- **The existing National Maternity Hospital:** The existing National Maternity Hospital is located on the eastern corner of Merrion Square at Holles Street in an old building, the original purpose of which was to serve the poor people of the districts surrounding Holles Street. The existing National Maternity Hospital was established in 1894 and is now the largest maternity hospital in the State. The scale of the site is significantly constrained and clinical proximities are difficult to achieve with services *'shoe-horned'* into the existing building and associated structures[94]. The existing hospital and site suffer from significant infrastructural constraints and the Hospital faces ongoing and significant challenges to ensure the delivery best quality healthcare to today's modern standards.

  The KPMG Report, 2008, highlights the existing infrastructural constraints stating, *"Poor infrastructure at the three hospitals means that maintaining the status quo is not an option. The facilities at the three hospitals pose risks to health, safety, privacy and dignity. [95]"*

- **The Increasing demand in Maternity Services:** The three existing maternity hospitals in Dublin are under considerable pressure due to increasing growth in demand for maternity services. Over the past twenty years the number of babies delivered at the existing National Maternity Hospital at Holles Street has increased by almost 50%[96].

[94] Letter submitted to ABP dated 18/12/214, Case Reference PL29S.PC0185
[95] Independent Review of Maternity and Gynaecology Services in the greater Dublin Area, KPMG, 2008, pg. 51.
[96] Press Release - Minister for Health Announces Relocation of the National Maternity Hospital, Holles Street, Dublin, Department of Health, 2013.

Hospitals have started to carry out some of their antenatal activity in the community, but the vast majority of births still take place in the hospital. The existing National Maternity Hospital at Holles Street cares for over 10,000 women every year making it one of the busiest maternity hospitals in Europe. The capacity of the existing Hospital is no longer sufficient to meet the service needs required by population growth[97]. The growth in deliveries in combination with inadequate healthcare infrastructure has placed considerable strain on the current system.

- **Catchment Areas and Accessibility:** The three existing maternity hospitals in Dublin are all located within the canal system of the City Centre. This is a sub-optimal service configuration in terms of the catchment areas which the hospitals serve and the accessibility of same. This service configuration does not adequately cater for user access needs. Given the marked population growth in the Greater Dublin Area, the current maternity hospital service configuration needs to be addressed to enhance the existing catchment areas and provide improvement in access for the women who will need to avail of these services.

12.2 Healthcare Policy

Healthcare policy in Ireland has evolved significantly in recent times and is now in line with international best practice; however, there is a significant gap that exists between Ireland's healthcare policy and its healthcare infrastructure. A principal objective of the proposed development is the provision of a building that delivers the best level of maternity care for the women of Ireland in line with the provisions of the recently published National Maternity Strategy 2016-2026. The following are some of the main points of healthcare policy that the development of the new National Maternity Hospital at St. Vincent's University Hospital will address.

- **The Current Model of Service Delivery and International Best Practice:** The existing service configuration of maternity hospitals in Dublin is relatively unique, comprising three large, tertiary, stand-alone maternity hospitals. Based on international evidence, most maternity services have evolved and developed over time and in the main, large tertiary maternity hospitals tend to be co-located on acute hospital sites[98]. The present situation of having three stand-alone maternity hospitals in Dublin does not facilitate the provision of optimal care arrangements for high-risk mothers[99]. It is now well recognised that to support the achievement of optimal clinical outcomes maternity services should be co-located with adult acute healthcare services[100].

[97] Independent Review of Maternity and Gynaecology Services in the greater Dublin Area, KPMG, 2008, pg. 6.
[98] Independent Review of Maternity and Gynaecology Services in the greater Dublin Area, KPMG, 2008, pg. 62.
[99] Independent Review of Maternity and Gynaecology Services in the greater Dublin Area, KPMG, 2008, pg. 63.
[100] Independent Review of Maternity and Gynaecology Services in the greater Dublin Area, KPMG, 2008, pg. 119.

- **Co-location:** The co-location of maternity services with adult acute services is a very significant step and necessary in order to provide the optimal setting in which the women of Ireland can deliver their babies with safety and with dignity[101]. Co-location provides mothers with access to a full range of medical and support services should the need arise, for example, cardiac and vascular surgery, diabetes services, intensive care facilities, haematology services, psychiatric services and many others[102]. Life threatening emergencies in maternity hospitals arise frequently, unpredictably and every minute matters in terms of the overall outcome. Co-location with the full range of medical and surgical facilities of an adult acute hospital enables immediate access between the different service departments for both critical situations and routine medical issues.

- **Hospital Groups:** In May 2013, the then Minister for Health published two reports on Irish Hospitals, *'The Establishment of Hospital Groups as a Transition to Independent Hospital Trusts'* and, *'The Framework for Development – Securing the Future of Smaller Hospitals'*. The publication of these Reports signalled the beginning of the formation of six Hospital Groups as the initial step in the creation of statutory hospital trusts, and thus, in the implementation of a key pillar of Government policy on transforming the Irish health service.

  One of the main objectives of the Hospital Groups is the establishment of a managed clinical maternity network within each Group to address on-going safety concerns in maternity services. The new National Maternity Hospital at St. Vincent's University Hospital will lead the managed clinical maternity network for the Ireland East Group and it will support the smaller maternity units in the Group to provide a safe and high quality service.

- **Academic Synergies:** The existing National Maternity Hospital and St. Vincent's University Hospital both have established and successful relationships with the academic partner of the Ireland East Group; University College Dublin. It is central to future healthcare provision that such synergies are fostered and capitalised on. They maximise the economic potential for the wider community and optimise collaboration between academic medical function, clinical leadership and service management. The learning and development strategy will produce skilled staff, competent in the areas of leadership training and education and will support the continual improvement in the provision of clinical care.

[101] Letter submitted to ABP dated 18/12/214, Case Reference PL29S.PC0185.
[102] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, pg. 10.

- **The National Maternity Strategy:** The National Maternity Strategy, 2016-2026, is Ireland's first Maternity Strategy and is intended to provide the framework for a new and better maternity service for Ireland. It sets out a vision for maternity services where, *"women and babies have access to safe, high quality care in a setting that is most appropriate to their needs; women and families are placed at the centre of all services, and are treated with dignity, respect and compassion; parents are supported before, during and after pregnancy to allow them give their child the best possible start in life.*[103]*"*

- **A new Model of Care**: A "model of care" is a clinical and organisational framework for how and where healthcare services are delivered, managed and organised. It outlines best practice health care delivery through the application of a set of service principles across identified clinical streams and care pathways. The development of the new National Maternity Hospital at St. Vincent's University Hospital involves the coming together of two of Ireland's larger hospitals, both in terms of staff and activity, on the one campus in a co-located model of service provision. As such it is important that there is a coherent and agreed methodology for the delivery of services on the campus and clarity with respect to the patient journey. I

  The proposed new National Maternity Hospital at St. Vincent's University is underpinned by a new *Model of Care* (attached as Appendix B). The *Model of Care* presented in this Report is based on current best practice and evidence designed to respond to the emergence of new evidence and standards. It will continue to change, adapt and develop in the future. There will be an ongoing programme of review and innovation allied to an institutional framework which ensures the involvement of clinicians and users at all stages.

[103] National Maternity Strategy, 2016 - 2026, pg. 13.

13.0 Planning Appraisal

A comprehensive planning appraisal of the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus is set out hereunder. For coherency, the appraisal is set out into distinct Sections that include:

- Macro-level Planning Considerations
- Planning Policy Assessment
- Local Amenity Impacts
- Construction Management
- Ecology

13.1 Macro-Level Planning Considerations

It is intended that the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus will replace the existing National Maternity Hospital at Holles Street. The existing National Maternity Hospital at Holles Street was established in 1894 and is currently operating in a building with significant infrastructural constraints. The Hospital is unable to adequately deliver best quality health care to today's modern standards. It is critical, therefore, that the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus is commenced as soon as may be possible. This position was articulated by Dr. Rhona Mahony, Master of the existing National Maternity Hospital at Holles Street, who following the Ministerial decision to re-locate the National Maternity Hospital to St. Vincent's University Hospital Campus stated:

> *"Our vision is to create an environment which facilitates clinical excellence so that women and infants attending the NMH receive the highest standard of care. Currently NMH is situated on Holles Street in an old building no longer fit for purpose. A new facility is urgently needed. The relocation of NMH will address this need and will achieve our strategic aim of close location with St. Vincent's University Hospital. We look forward to working with the Minister, the Department of Health, the Health Service Executive (HSE) and St. Vincent's University Hospital to make this vision a reality*[104]*."*

The key benefit of the proposed development is the provision of a state of the art medical facility to provide care for the mothers and babies of Ireland and their families. This is paramount in the consideration of the application as set before the Board and, where local impacts have been identified, it is important to contextualise these issues having regard to the absolute need for the proposed development and the priority given to it by Government. With the importance and benefits of the proposed development self-evident, the question that arises is to where the planning balance

[104] Press Release - Minister for Health Announces Relocation of the National Maternity Hospital, Holles Street, Dublin, Department of Health, 2013

lies in terms of any identified negative impacts set against the highly significant well-being, health, economic and social benefits that would accrue as a result of granting permission for the proposed development.

13.1.1 Response to Strategic Need

The development of the new National Maternity Hospital at St. Vincent's University Hospital makes a significant positive step towards improving maternity healthcare provision. The significance of the proposed development in response to the strategic need referred to in Section 12.1 is set out below:

- Inadequate infrastructure: Poor infrastructure at the three hospitals means that maintaining the status quo is not an option. The facilities at the three existing Dublin maternity hospitals pose risks to health, safety, privacy and dignity[105].

  The proposed development will address the current significant physical infrastructural inadequacies experienced at Holles Street and provide a modern state of the art healthcare facility that will provide clinical excellence so that women and infants attending the new National Maternity Hospital receive the highest standard of care.

- The Increasing demand for maternity services: The three existing maternity hospitals in Dublin are under considerable pressure due to increasing growth in demand for maternity services. The existing National Maternity Hospital at Holles Street cares for over 10,000 women every year making it one of the busiest maternity hospitals in Europe. The pressure of demand on the Hospitals has the potential to lead to an increase in the risk of untoward incidents[106].

  The proposed development is one of three new Dublin maternity hospitals incorporating the re-location of existing facilities that will significantly improve the capacity of the maternity healthcare system to meet current and future demands.

- Catchment area and accessibility: The three existing maternity hospitals in Dublin are all located within the canal system of the City Centre. This is a sub-optimal service configuration in terms of the catchment areas for which the hospitals serve and the accessibility of same[107].

  The proposed development will maintain and enhance the established catchment area of the existing National Maternity Hospital at Holles Street and will significantly improve the accessibility to same from the wider catchment area.

[105] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, pg. 51.
[106] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, pg. 10.
[107] Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area, KPMG, 2008, pg. 20.

13.1.2 Response to Healthcare Policy

As set out in Section 12.2 above healthcare policy in Ireland has evolved significantly in recent times in line with international best practice. The significance of the proposed development in response to healthcare policy is set out below:

- The Current Model of Service Delivery and International Best Practice: The model of stand-alone maternity hospitals is out of step with the best models of care internationally and it is no longer recognised as best practice for future service development[108].

  The proposed development is part of a significant government objective to re-locate the existing stand-alone Dublin maternity Hospitals and move towards a system of co-location and tri-location.

- Co-Location: The benefits of co-location are clear. It is now well recognised that for optimal clinical outcome maternity services should be co-located with adult acute services[109].

  The co-location of the new National Maternity Hospital with the adult acute services of St. Vincent's University Hospital will achieve optimal clinical outcomes for mothers and babies of Ireland.

- Hospital Groups: A key pillar of government policy on transforming the Irish health service is the establishment of six hospital groups in Ireland. Hospital groups aim to provide the optimum configuration for hospital services to deliver high quality, safe patient care[110].

  The proposed development will lead the managed clinical maternity network for the Ireland East Hospital Group and it will support the smaller maternity units in the Group to provide a safe and high quality service.

- Academic and Professional Synergies: Academic linkages are essential to integrate teaching, training, research and innovation in the hospital system.

  The proposed development will further enhance the established academic synergies of St Vincent's University Hospital as a major academic teaching hospital.

[108] *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area*, KPMG, 2008, pg. 10.
[109] *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area*, KPMG, 2008, pg. 10.
[110] *Re-location of the Coombe and Rotunda Hospitals*, Department of Health, pg. 2

- The National Maternity Strategy: The development of the new National Maternity Hospital at St. Vincent's University Hospital is a fundamental part of the new National Maternity Strategy.

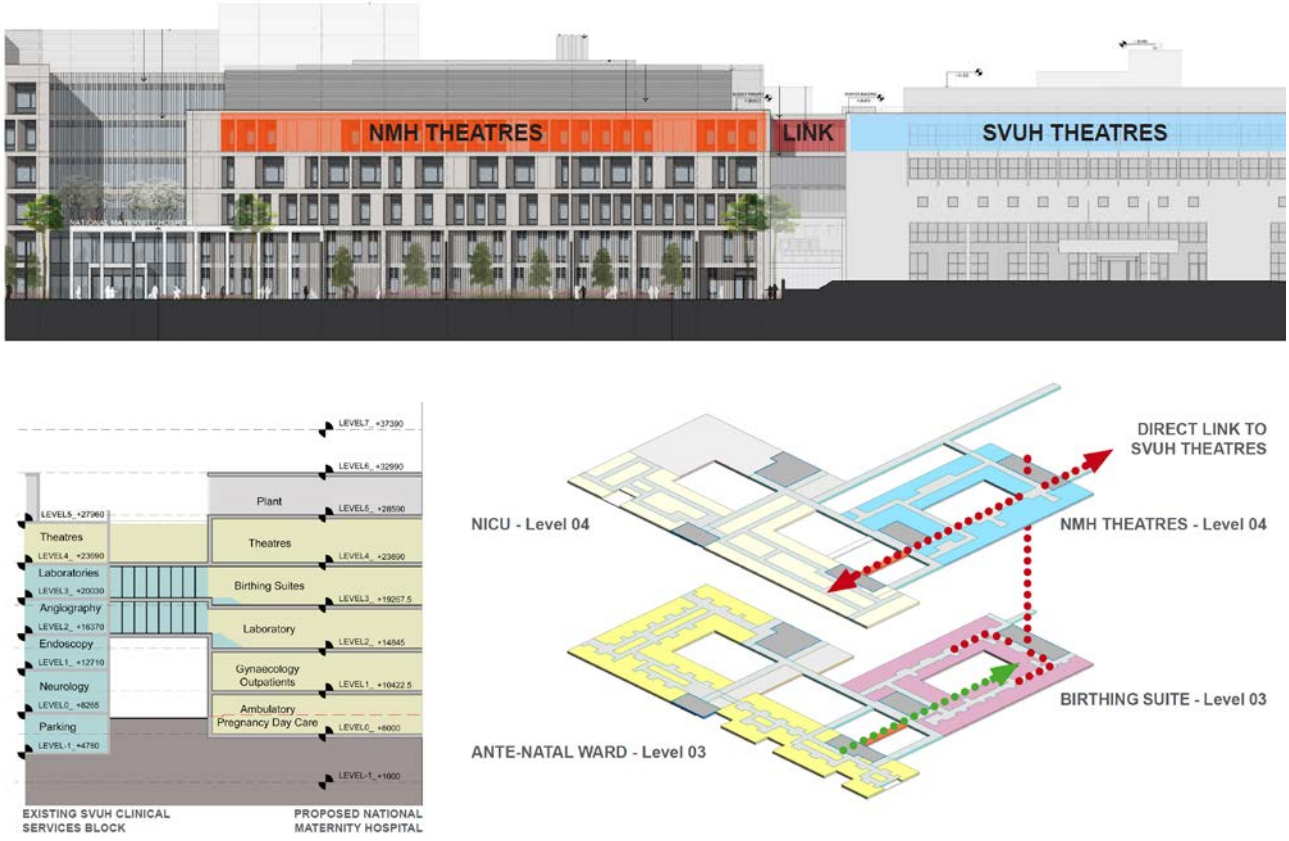
This application is the first step in the realisation of a new Model of Care for maternity services.

13.1.3 Clinical and Operational Design Requirements

A fundamental reason for the co-location of the new National Maternity Hospital on the St. Vincent's University Hospital Campus is the benefits that will be accrued from the clinical links between the adult and maternity hospitals. At a macro-level the clinical suitability of the site was a fundamental consideration in the decision to re-locate the existing National Maternity Hospital to St. Vincent's University Hospital. Achieving clinical links has been central to the design and functional operation of the proposed development and this has been reviewed in detail with the Project Team and with clinicians from both hospitals during the design process. The design of the new National Maternity Hospital building ultimately represents state-of-the-art clinical functionality, providing the highest quality spaces for women, babies, families and staff and optimising the adjacencies and flows between Departments to create an efficient, safe and therapeutic environment.

The proposed new National Maternity Hospital building has been located directly adjacent to the existing Clinical Services building and generally north of the existing Hospital street. This is dictated by the requirement to physically link the new National Maternity Hospital building to the Theatres and Intensive Care Unit in the existing Clinical Services building (as outlined in Figure 8 above). At a clinical level the most important link is the connection of the Operating Theatres as this is one of the primary reasons for co-locating a maternity hospital with an adult acute hospital. This is a cornerstone of the design and the Theatre Suite in the new National Maternity Hospital is planned directly adjacent to the St. Vincent's University Hospital Theatre and Critical Care Department and at exactly the same level on Level 4. A comprehensive description of the extent of the co-location adjacencies achieved is set out in detail in the Architectural Design Report that accompanies this application.

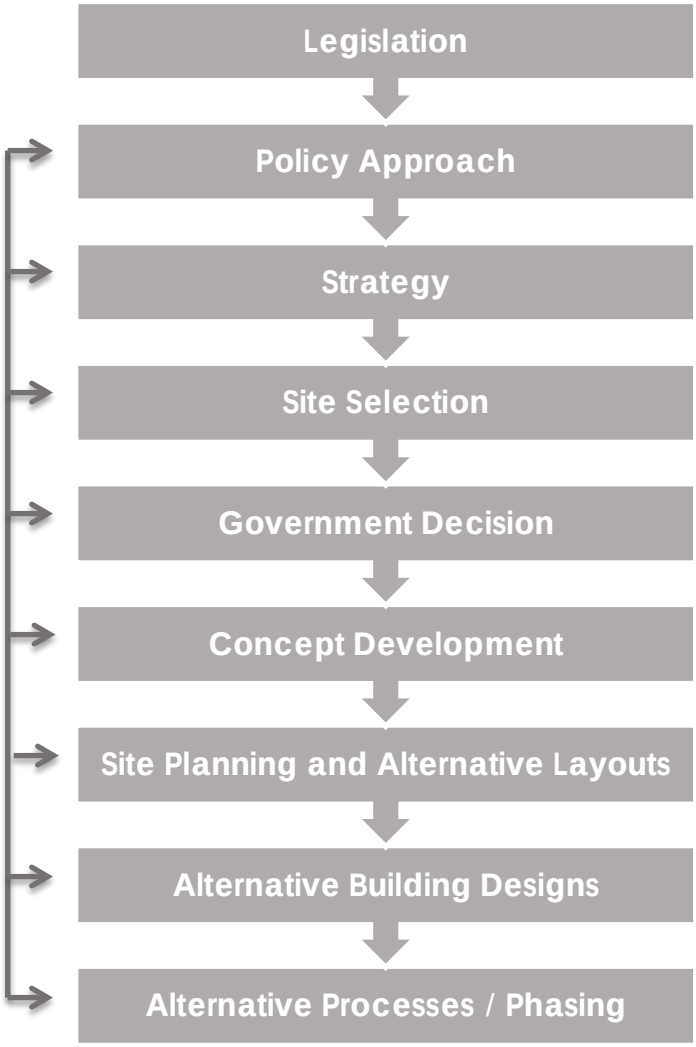
Figure 8: Proposed National Maternity Hospital – Critical Clinical Linkages



13.1.4 The Site Selection Process and Examination of Alternatives

The '*Examination of Alternatives*' Chapter of the EIS sets out clearly an overview of potential alternative sites, development concepts and designs considered for the development of the new National Maternity Hospital. Integral to this process has been the consideration of a range of alternatives which have been subject to a sequential and iterative evaluation process in accordance with the stages highlighted in Figure 9 below.

Figure 9: Examination of Alternatives Process



13.1.4.1 Legislation and Guidance

The requirement to incorporate an assessment of *'alternatives'* in to an EIS is driven by European law that has subsequently been translated into Irish legislation and guidance. The consideration of reasonable alternatives in this instance may be described at three levels:

1. Alternative Locations
2. Alternative Designs
3. Alternative Processes

13.1.4.2 Policy Approach

As the proposed development is healthcare infrastructure, it is subject to Government policy relating to this area. In this regard, St. Vincent's University Hospital has been chosen at Government level as the location for the development of the new National Maternity Hospital.

13.1.4.3 Strategy

The decision on where to locate the new National Maternity Hospital has been determined by the Government following extensive research and analysis and reflected in the publication of a number of reports including the KPMG Report *"Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area"*, 2008, and the Review of the KPMG Report *'Re-location of the Coombe and Rotunda Hospitals'*, 2012.

13.1.4.4 Site Selection

The KPMG Report, 2008, set out to undertake an independent review of maternity and gynaecology services in the Greater Dublin Area. The Report contains an assessment of the existing model of care, recommendations for a future model of care and a preferred service configuration to comply with the proposed model of care. A significant assessment was carried out that included: ability to deliver co-location; accessibility; demographics; and, catchment, and based on the findings a recommendation was made. The assessment found that, with the Mater Hospital site as a given tri-location site, the optimal location of the two co-locations sites was the Adelaide and Meath Hospital (Tallaght) and St. Vincent's University Hospital. On the basis of the existing configuration of services, existing catchment areas and providing best access of services to users the Report recommended that the National Maternity Hospital services at Holles Street would move to St. Vincent's University Hospital.

13.1.4.5 Government Decision

In May 2013, the Government announced its intention to relocate the existing National Maternity Hospital, Holles Street, to the St. Vincent's University Hospital Campus stating:

> *"The proposed relocation addresses a key recommendation in the 2008 KPMG Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area Report that Dublin maternity hospitals should be located alongside adult acute services. Co-location of maternity hospitals with adult acute services is the optimal solution for the provision of hospital-based maternity services, as it can provide access to the full range of medical and surgical specialties and clinical support services in sufficient volume and complexity to provide added value. This is particularly important for high-risk mothers and babies.* [111]*"*

In the interim period since this announcement, the Government has reiterated its support and commitment for the proposed development on numerous occasions and most recently confirmed its inclusion as part of the Government Capital Plan *'Building on Recovery: Infrastructure and Capital Investment 2016-2021'*. The Capital Plan supports a reorganisation of national maternity services in Ireland and forming part of this strategy will be the relocation of the National Maternity Hospital to the St. Vincent's University Hospital Campus.

This decision was supported further by the preparation of the National Maternity Strategy 2016-2026. The National Maternity Strategy is Ireland's first Maternity Strategy and is intended to provide the framework for a new and better maternity service. It sets out a vision for maternity services where, *"Women and babies have access to safe, high quality care in a setting that is most appropriate to their needs; women and families are placed at the centre of all services, and are treated with dignity, respect and compassion; parents are supported before, during and after pregnancy to allow them give their child the best possible start in life.*[112]*".* The strategy, prepared subsequent to the decision to relocate the National Maternity Hospital to the St. Vincent's University Hospital Campus, is a *de facto* policy endorsement of the Ministerial decision.

13.1.4.6 Concept Development

The optimum model of care set out in the KPMG recommendations aims to transform maternity healthcare services in Ireland, providing an improved healthcare system for all mothers and babies. This recommended model of care was informed by international best practice and changes in healthcare delivery systems. The concept development was, therefore, set out with clear clinical and operational objectives.

[111] EPA - Guidelines on Information to be contained in Environmental Impact Statements, 2002, pg. 12
[112] National Maternity Strategy, 2016 - 2026, pg. 4.

13.1.4.7 Site Planning and Alternative Layouts

The planning of the St. Vincent's University Hospital Campus has been the subject of a number of studies that have looked at strategies for the potential future development of the site and the capacity of the site in the context of accommodating the development of the new National Maternity Hospital and allowing for future expansion of existing and proposed services. There have been two principal studies as follows:

- St Vincent's University Hospital Development Control Plan, 2005
- St. Vincent's University Hospital Development Control Plan & Outline Feasibility Study for Co-Location of National Maternity Hospital on SVUH Campus, 2013

13.1.4.8 Alternative Building Designs

Upon appointment, the Design Team was required to carry out an in depth review of the site having regard to all site constraints, brief requirements, environmental and planning issues and the operational requirements of St. Vincent's University Hospital. As with the examination of alternative locations, the examination of alternative design options entailed a robust process which amalgamated design, spatial planning and clinical requirements. This was further informed by consultation with Dublin City Council and feedback from the numerous public consultation events. This multi-stage process fed into the design progression at every stage and the final design represents the most appropriate balance of the requirements of all stakeholders and adjoining properties.

13.1.4.9 Alternative Processes / Phasing / Mitigation

A range of alternative processes were considered during the design process to mitigate the impacts arising from the construction period including: the sequencing of the construction phase; the location of the construction compound; the approach to traffic management; and, alternative land uses for the site.

13.1.4.10 Assessment of the Examination of Alternatives Process

The decision to locate the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus has been the subject of a comprehensive consideration of alternatives. In all such assessments while environmental considerations have played an important role, they cannot be considered in isolation, as other factors including clinical requirements, planning policy and land-use were also important and were given due consideration in the assessment. It can be demonstrated that the consideration of alternatives was informed, rational and robust. The assessment took account of land-use, planning and environmental effects at appropriate stages. In our view, the resultant examination of alternatives presented above not only meets but exceeds the requirements of the guidance to provide a *"description of the reasonable alternatives.... which are*

relevant to the proposed project and its specific characteristics" and an *"indication of the main reasons"* for the selecting the chosen option.

13.1.5 Site Capacity and Expansion Policy

During the pre-application consultations with An Bord Pleanála and Dublin City Council, both parties raised the issue of the proposed development now and into the future in the context of a masterplan. This was expressed in the Inspector's Report on the pre-application consultation process as:

- *The developments now and into the future in the context of a Development Plan for St. Vincent's University Hospital complex.*
- *The ability to accommodate the future growth / expansion of all developments individually and cumulatively within the confines of the SVUH campus.* [113]

In this regard, and giving cognisance to the requirements for flexibility into the future having regard to on-going changes in healthcare requirements and provision, it was considered appropriate to prepare a draft Site Capacity Study for the St. Vincent's University Hospital Campus rather than a masterplan. This was relayed to An Bord Pleanála at the pre-application consultation meeting of 18th November 2015 and subsequent meetings and correspondence.

The draft Site Capacity Study for the St. Vincent's University Hospital Campus has been prepared by O'Connell Mahon Architects and is included with this application. The draft Study has had regard to planning policy in terms of zoning, development standards (such as height, plot ratio, open space etc.) and physical planning constraints. The draft Study sets out the overarching aims for the St. Vincent's University Hospital Campus both from a clinical perspective (the functional needs) and a spatial one, and describes the clinical drivers behind future growth and how this translates into a potential future area requirement. It demonstrates that the Campus has the capacity to accommodate the anticipated growth and that this can be achieved in ways that produce a higher quality and more sustainable environment with better integration of services, an improved public realm and stronger links to the surrounding community. While the draft Study demonstrates one manner in which future development could be accommodated on the campus it does not prohibit an alternative approach to its development, rather the draft Study indicates a clear and logical way in which one might choose to develop the Campus to its full potential.

Notwithstanding the above, it is worth noting that a debate arose during the consideration of the Mater Application (An Bord Pleanála Ref. PL29N. PA00024) with respect to the capacity of that site for future expansion. The Inspector, in assessing this issue, came to the conclusion that:

[113] Inspector's Report, PL29S.PC0185

> *"The matter of expansion is not, in my opinion, a material consideration for the Board. The brief that has been developed has emerged from Government policy and the Board are not charged with adjudicating on the sufficiency or otherwise of the brief provided..., expansion was only one matter outlined in the design brief which was tasked by a government appointed group. Execution of the design brief is the responsibility of the applicant which was established with the sole purpose of delivering the hospital development. The role of An Bord Pleanála is to determine whether the development as proposed is or is not appropriate in respect of its impact on the local and citywide environment in planning, sustainability and environmental terms.* [114]*"*

This issue was further examined in the recent decision on the new National Children's Hospital at St. James's Hospital Campus, where the Inspector stated (having regard to the site capacity exercise carried out in that particular instance):

> *"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.... 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... 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."*[115]

In this regard, while a draft Site Capacity Study has been carried out in order to allay any concerns that the Board may have with regard to the site going forward and we respectfully request that the Board assess the application as proposed in the first instance.

[114] Inspector's Report PL29N.PA00024
[115] Inspector's Report PL29S.PA0043

13.1.6 Other Plans and Programmes – Merrion Gates

In its Direction of 2nd March 2017, An Bord Pleanála noted that the applicant had indicated that it was aware of the emerging transportation proposals involving the closure of the Merrion Gates and associated implications for road traffic in the area. The aforementioned proposals comprise the National Transportation Authority's (NTA's) consultation on the *"Sandymount / Merrion to Blackrock Corridor Study"*, the public consultation stage of which was open in January 2017. The applicant can confirm that it is aware of these proposals and has consulted with the NTA on a number of occasions with respect to same. The NTA's correspondence to the applicant in this regard is attached as Appendix A of this Report.

We would note that the current proposals are in draft form and, whilst there is an emerging preferred scheme, no specific plans with a programme for implementation are in place at present. No application for development has been presented to the relevant authorities and no design details are currently available for junctions, light sequencing etc. The emerging preferred scheme has, however, been assessed in the context of the proposed development and the applicant is satisfied that the proposed junction modifications required as part of the new National Maternity Hospital application do not conflict with the potential corridor upgrade works. The applicant is willing to co-operate fully with the NTA and the Roads Authority in terms of the final junction designs.

Furthermore, it is considered that any works carried out on foot of a final adopted NTA scheme would benefit the area as a whole in terms of increased frequency of public transport along this important corridor. It is considered that the proposed works would not affect the capacity of the network in such a way as to negatively affect the operation of the proposed development and, whilst there may be cumulative impacts should the construction periods run concurrently, these would be temporary in nature.

13.2 Planning Policy Considerations

The strategic planning policy context for the proposed development has been set out in Section 11 of this Report. It is considered that, in the context of St. Vincent's University Hospital, that the policy framework clearly demonstrates support for the development of the new National Maternity Hospital at this location.

13.2.1 Compliance with Planning Policy

St. Vincent's University Hospital Campus is located in the administrative area of Dublin City Council and therefore, the *"Dublin City Development Plan, 2016-2022"*, which came into effect on 21st October 2016, is the relevant statutory plan[116]. The Development Plan provides the local statutory planning policy for the City and is the principal document for guiding the development of the subject lands.

This Plan wholly and explicitly endorses the proposed development of the new National Maternity Hospital on the St. Vincent's University Hospital site through a range of policy provisions, most notably Policy CEE21(i), which states that it is the policy of the Planning Authority:

> *"To recognise the strategic role of the hospital complexes in the city including the proposed National Paediatric Hospital and the proposed new National Maternity Hospital and to support the provision of the appropriate volume of floor space and associated facilities necessary to secure the delivery of their services and potential; having regard to their national medical function, their role as a major employer in the city, as a generator of significant economic benefits for the economy of Dublin's inner city and a promoter of the knowledge economy through research and education links with third-level colleges in the city.*[117]*" (emphasis added)*

In our view, all site specific aspects of the proposed development must be set against the above (in addition to Policy CEE20), particularly with respect to the required building area and shared services facilities.

Both the *"National Spatial Strategy 2002-2020"* and the "Regional Planning Guidelines for the Greater Dublin Area 2010-2022" support the consolidation of the metropolitan area and the more efficient use of urban land proximate to public transport routes. While Section 37G of the Planning and Development Act, 2000 (as amended) does not directly refer to the National Spatial Strategy or the Regional Planning Guidelines this framework directly informs the Dublin City Development Plan and it is from these strategic plans that the specific development policies set out in the Plan are formed.

[116] Currently in Interim Publication form
[117] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 81.

Furthermore, the enhancement of medical campuses and the facilitation of closer links between medical and teaching institutions is central to the city's economic strategy, with one of the core pillars being:

> *"Developing academic medical centres providing excellence in research, care and teaching in the medical and health sectors.[118]"*

The proposed development of the new National Maternity Hospital at St. Vincent's University Hospital would meet the overarching aims of the Development Plan in this regard.

13.2.2 Zoning

The subject site is zoned Z15 *"Institutional and Community"* in the Development Plan, the objective of which is *"To protect and provide for institutional and community uses."*

There is an emphasis on the importance of Z15 lands as a resource for the City in providing educational, recreational, community and health facilities and in the maintenance and creation of sustainable, vibrant neighbourhoods. Under this zoning *"buildings for the health, safety and welfare of the public"* and *"Medical and related consultants"* are permitted in principle, with *"car park ancillary to main use"* open for consideration. The proposed development of the new National Maternity Hospital at St. Vincent's University Hospital Campus is, therefore, considered to be permitted in principle while the ancillary car parking is to open for consideration.

In relation to the requirement to produce a masterplan on Z15 zoned lands the Development Plan states that:

> *"A masterplan is not required in the case of minor developments associated with the existing use or where the development proposed relates to extensions to the existing community and institutional use and would enhance the facilities.[119]"*

In this regard, it is submitted that a site Masterplan is not required by policy. Notwithstanding this, the draft Site Capacity Study that has been submitted with the application clearly sets out that the Campus has been, and will continue to be, planned in a coherent and logical fashion and that the proposed development will not inhibit this future planning.

[118] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 74.
[119] Dublin City Development Plan (Interim Publication), 2016 – 2022, pg. 227.

With regard to transitional zone areas, the Development Plan notes that it is important to avoid abrupt transitions in scale and use zones. In order to protect the amenities of the more environmentally sensitive zones, the Development Plan advises that "*…in zones abutting residential areas or abutting residential areas or abutting residential development within predominately mixed-use zones, particular attention must be paid to the use, scale, density and design of development proposals and to landscaping and screening proposals in order to protect the amenities of residential properties*[120]*"*.

In this context, the design has had regard to adjoining land uses by breaking down and stepping back the southern part of the eastern elevation to assist in mitigating any amenity impacts on residential areas to the east and by focussing the higher elements towards the centre of the site.

13.2.3 Development Standards

There are a range of policy objectives set out in the Development Plan that the proposed development complies with and it is our view that the strategic improvement of healthcare facilities on the St. Vincent's University Hospital Campus adheres to the overall policy framework. In this regard, we note that Policies CEE21(i) and SN22 both support the development of an "appropriate volume of floorspace" for such facilities in line with the "requirements of the healthcare authorities". In this regard, and with specific respect to development standards, all proposals are set against this explicit policy backdrop.

In terms of development standards, the following Table provides a brief summary of compliance with same:

[120] Dublin City Development Plan (Interim Publication), 2016-2022, pg. 212.

Table 7: Policy Compliance Schedule

Measure	Standard	Compliance
Layout	Section 16.2.1.1 of the Plan requires that new buildings are legible and permeable.	The provision of a legible and accessible campus was central to the architectural concept and the proposed development fully complies with this requirement. Please refer to the attached Design Report.
Plot Ratio	0.5-2.5	The existing plot ratio of the Hospital Campus is approx. 1.14. The completion of the proposed new National Maternity Hospital development will provide for a net increase to the plot ratio to 1.59, well within Dublin City Council's designated indicative plot ratio of 2.5.
Site Coverage	50%	The total site coverage of the existing buildings on the Hospital Campus amounts to approx. 36%. The net site coverage increase of the proposed development is in the order of a 3% increase in percentage terms. Thus, the new site coverage will be 39%, well below the indicative 50% set out in the current Z15 zoning standards.
Open space	25% open space and/or provision of community facilities	Open accessible space at varying levels of the new National Maternity Hospital building (courtyards / terraces / plaza) is over 2,700sq.m. Notwithstanding this, the requirement for 25% of the site to be committed to open space is not a relevant consideration in this particular instance as there is a proviso that it shall be set aside for open space and/or community facilities. The proposed use would itself comprise a community facility.
Car Parking	To be determined on a case by case basis.	The level of parking provided in the proposed development has had specific regard to the requirements of the hospital and the patients, visitors and staff of same. It is deemed more than sufficient to serve the expected demand. Please refer to Chapter 6 - Traffic and Transportation of the EIS.
Cycle Parking	1 secure space per 5 hospital beds	235 no. net additional cycle spaces are being provided
Energy Efficiency	Policy CC3 and CC4 and Section 16.2.1	A statement on sustainable and environmental design is contained in the Architectural Report that accompanies this Planning Application.
SUDS	Policy SI18 and objectives SIO3 and SIO4	Please refer to the engineering documentation submitted with the application that confirms compliance with these policies and objectives.
Waste Management	Objective SIO17	A Construction and Demolition Waste management plan has been prepared and is attached to Chapter 10 of the EIS "*Waste Management*".

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13.2.4 Height

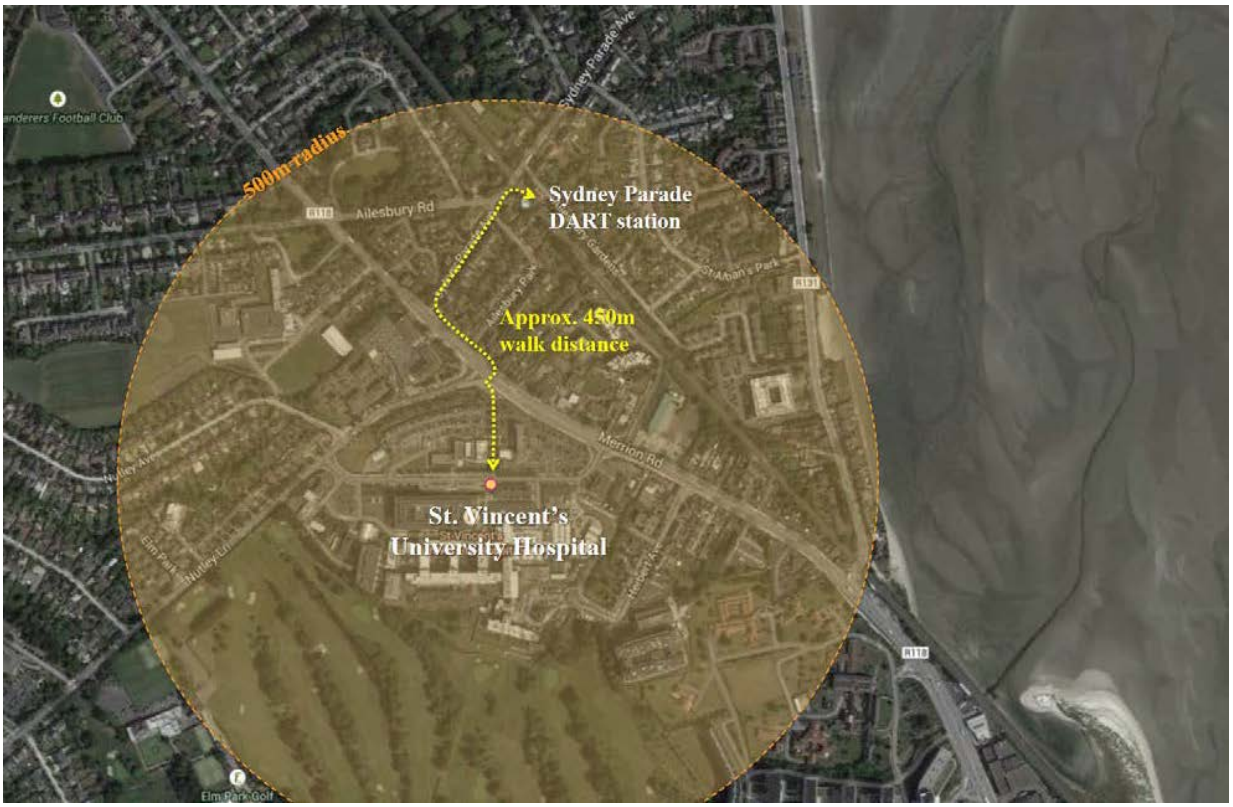
13.2.4.1 Height: Policy Provision

Section 16.7.2 of the Development Plan *"Building Heights in Dublin,"* outlines Dublin City Council's approach to heights from a development standards perspective. This section specifically makes provisions for increased heights over and above those set out in the heights table on those sites with a pre-existing height over and above that prescribed. In such instances, a building of the same number of storeys may be permitted subject to an assessment against the standards set out elsewhere in the Plan and the submission of a statement addressing:

- The site context and area analysis;
- The design principles that have been applied in the formulation of the proposed development, and;
- The provisions of drawings, photomontages and perspectives to demonstrate design approach.

In the first instance, we would note that the proposed development is located within 500m of a DART line, a major transport artery for the city and, therefore, it would be in the interests of the proper planning and sustainable development of the area to permit higher density developments in such locations, particularly where there is policy support for same.

Figure 10: Walking Distance from Sydney Parade Dart Station



13.2.4.2 Height: Pre-existing Height of the St. Vincent's University Hospital Campus

St. Vincent's University Hospital Campus evidently has a pre-existing height that is in excess of the heights set out in Section 16.7.2 of the Development Plan. The Campus has a history of accommodating taller buildings and a 14 no. storey nurse's home was located at the Campus until it was demolished under Dublin City Council Reg. Ref. 1575/98, An Bord Pleanála Board Ref. 109451, as shown in Figure 11 below.

Figure 11: Aerial View of St. Vincent's Hospital Campus (1970's)

Source: Rex Roberts

More recently Dublin City Council Reg. Ref. 3117/07 permitted an in-patient ward (Nutley Wing) of seven storeys plus plant level (over basement), with a height of in excess of 29m to parapet level (with additional boiler flues). Although permitted under the previous Development Plan, in assessing the planning application the Planner's Report considered;

> *"... that the design and location is acceptable considering the* ***existing density*** *and* ***disposition of building on the hospital campus*** *and* ***other tall structures on the campus which form part of the overall Development Plan for Elm Park***[121]*"* (Emphasis added)

[121] Planner's Report Dublin City Council Reg. Ref. 3117/07

Figure 12: The Nutley Wing

Dublin City Council's Planner's Report for the Nutley Wing development acknowledges that the Hospital forms a **medical facility of national importance** and that its nature as such considerably outweighs some of the perceived disamenities[122]. In recommending a grant of permission the Planning Authority had regard to proper planning and sustainable development of the area and granted permission for a seven storey plus plant level (over basement) building. The recently constructed Nutley Wing (completed 2012), therefore, establishes a height over and above the 24m limit set out in Section 16.7of the current Development Plan referred to above.

This precedent is further established as a result of the construction of the St. Vincent's Private Hospital (Dublin City Council Reg. Ref. 5120/06, An Bord Pleanála Board Ref. PL29S.223111), building of 8 no. storeys (with additional plant at roof level). At c. 35.5m high to the roof plant parapet level (plus 3m to top of flues), the St. Vincent's Private Hospital was granted permission having regard to the context of the Campus and the surrounding uses. In recommending a grant of permission, the Planner's Report had regard to the Z15 zoning objective and the objectives in the previous Development Plan to promote the consolidation and development of economic specialisms and drivers of the economy including health related operations[123].

[122] Planner's Report Dublin City Council Reg. Ref. 3117/07
[123] Planner's Report Dublin City Council Reg. Ref. 5120/06

Figure 13: St. Vincent's Private Hospital

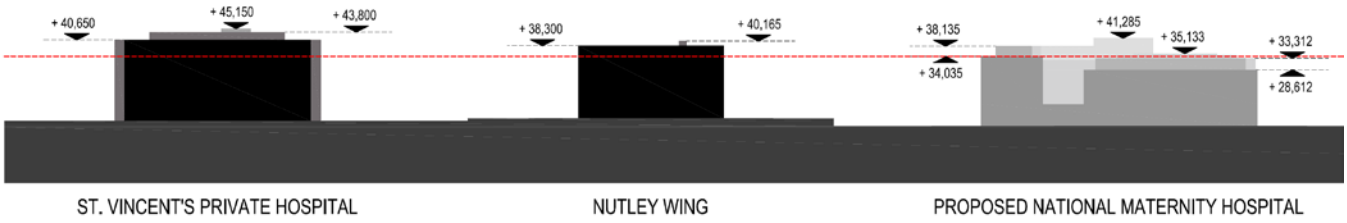
As the St. Vincent's Private Hospital application was appealed to the Board (Board Ref. PL29S.223111) an assessment of it was also undertaken by the Board specifically in relation to its height in the context of the St. Vincent's University Hospital Campus and the surrounding area. In assessing the development the Board had regard to *"the separation distance between the proposed development and nearby protected structures and residential conservation area and to the scale and nature of development in the general location. The Board considered that the proposed buildings would not significantly detract from the character or setting of the protected structures or residential conservation area*[124]*".* The Board, in supporting the Planning Authority's decision to approve the proposed development, determined that the 8 no. storey Hospital building (plus additional plant level) would be in accordance with the proper planning and sustainable development of the area.

It should be recognised that the proposed new National Maternity Hospital building is generally lower in height relative to ordnance datum than two of the most recently constructed additions to the campus: St Vincent's Private Hospital and the Nutley Wing. The proposed stair core / lift shaft parapet level and the prevailing plant parapet level are lower in general height than the highest point of the Private Hospital (for mechanical reasons the boiler flues must be higher). The parapet height of the proposed new National Maternity Hospital building along the northern elevation, situated immediately adjacent to the existing SVUH Clinical Services Building, matches that of the existing SVUH building, with it stepping up a level moving eastwards.

Figure 14 below illustrates the proposed National Maternity Hospital building compared with existing buildings on the SVUH campus.

[124] Board Order, Board Ref. PL29S.223111

Figure 14: Existing buildings on the campus – comparative study



At a maximum of 6 no. occupied storeys plus an additional plant level at its highest point (or approximately 35m to top of stair core from a selected ground level of +6m ODM), the proposed new National Maternity Hospital building is not 8/9 no. storeys and nor would it constitute the highest building on the campus. Therefore, matters relating to scale should be considered in this context and, in particular, the context of this significant healthcare campus located on a wide urban thoroughfare that is characterised by modern buildings of comparative scale.

13.2.4.3 Site Area Analysis

The policy provisions require that an area and site context analysis be carried out where buildings of a similar scale are proposed on sites with a pre-existing height established. In this regard, a study of the Merrion Road corridor reveals that the building forms and heights along it reveal an important urban economic corridor is appropriately characterised by a range of buildings that is commensurate with its status and scale.

Figure 15: Merrion Road Photographic Study (extract)

As can be seen in Figure 15 above (the full study is appended to the Design Report), Merrion Road is characterised by a series of large scale developments set along its significant length. The width and scale of the road mean that it is able to accommodate these types of development in a coherent fashion.

In the immediate vicinity of the subject lands, the Merrion Shopping Centre (5 no. storeys between 8 and 20 metres from the road edge) and the Elm Park office development (4 to 8 storeys between 7.4 and 50 metres from the road edge respectively) are well-set in their immediate context and do not have any significantly negative visual impact. Further to the south, the Tara Towers Hotel, and to the north, buildings such as the Intercontinental Hotel (6/5 storeys at 17 metres from the road edge) all are of a scale commensurate with this transport corridor. These significant buildings, in addition to the Nutley Wing development and the SVUH Private Hospital, can be seen from the road edge and it is submitted that a development such as that proposed is not out of scale or character of the area in which it is located.

13.2.4.3 Design Approach

The design team has carefully studied the scales and heights of all of the exiting buildings on the Campus and the design intention from the outset has been to ensure that the proposed new National Maternity Hospital buildings sits within the existing established pattern of development on this hospital campus. The overall design approach is set out in the attached Design Report and draft Site Capacity Study prepared by the project architects that addresses all of the key aspects of Section 16.7.2 and, specifically, the points set out on page 56 of the Interim Publication of the Development Plan.

The design of the building emphasises the new hospital's status as a civic building which is expected to contribute to its urban and Tertiary Hospital Campus context and this is reflected through the provision of an attractive and appropriately scaled public realm.

The proposed design is sensitive to the building's scale and civic importance, its relationship to the wider urban context, including its potential to provide a new campus focus. It seeks to increase the campus' permeability and it establishes a new high quality public realm, knitting together new and existing buildings.

The overall form and shape of the proposed National Maternity Hospital building is clearly identified, with a major public entrance and forecourt off the spine road and a considered design response to the requirement to maintain the identity of the National Maternity Hospital at the St. Vincent's University Hospital campus. The identity of the Maternity hospital is further strengthened through the design of the projecting block to the north east, which clearly anchors the building on the campus and completes the front face of the new clinical core of the hospital campus. The L-shaped form of

the overall building supports this front of house identity while not compromising the integration of the hospital with the existing Clinical Services buildings and the shared Facilities Management and support services and facilities to the rear (south). This is consistent with the previous Outline Development Control Plan and the draft Site Capacity Study.

The L-shaped form of the overall building also provides a bookend to the long linear block, frames the main entrance to the proposed National Maternity Hospital and creates a sheltered micro-climate at the entrance to the new National Maternity Hospital building. The massing studies set out in Chapter 4 of the EIS and in documentation previously submitted to the Board (PL29S.PC0185 refers) demonstrate that this design approach is preferable to the provision of a continuous block along the line of the existing Clinical Services block. It also provides an opportunity for an enhanced public realm adjacent to the existing Clinical Services block and a less hostile environment in terms of wind for visitors arriving at the main clinical services entrance (as noted in the wind study prepared as part of the EIS – please refer to Chapter 13 Microclimate).

It is important to note that the building is, at its closest point, set back 58 metres from the Merrion road boundary / footpath. In fact the setback of the entire front façade from Merrion road ranges from 58 metres to 85 metres at the main entrance and over 140 metres at the western end of the front façade. At its closest corner, the building is over twice the distance further away from the street edge than it is tall and, as such, will not appear to be imposing in its context. When viewed from the north, the St. Rita's car park, the St. Rita's building and the existing multi-storey car park (to be extended) are all set in the foreground, thus mitigating the impact on what is a very wide road.

Figure 16: Building Set-back from Merrion Road

13.2.4.3 Conclusion with Respect to Height

The findings of the above assessment of height can be summarised as follows:

- Any assessment of the proposed building height must be set against the specific policy support for an *"appropriate volume of floorspace"* (as set out in Development Plan Policy) for the proposed National Maternity Hospital and the clearly stated briefed requirements.
- The St. Vincent's University Hospital Campus has a pre-existing height of 7 no. storeys plus plant at the Nutley Wing and 8 storeys plus plant at the St. Vincent's Private Hospital, which itself is taller than the proposed development at parapet level.
- Section 16.7.2 of the Development Plan states that where there is a pre-existing height over that stipulated in the table of same, a building of the same number of storeys may be permitted.
- The criteria against which such buildings should be assessed have been clearly fulfilled in the application documentation.

Furthermore, the proposed development complies with a significant number of equally important Development Plan policies, including policies that are concerned with the well-being of the City as a whole. In this regard, the acceptability of the building must be examined in terms of its impacts on the surrounding environment and, whether after a careful consideration of any impacts, these impacts are significant enough to warrant a refusal of permission. The EIS submitted with the application carefully examines the impacts in terms of daylight, overshadowing and visual impacts and it comes to the conclusion that these impacts are acceptable.

In addition, we note that the heights of the existing buildings were previously assessed having regard to the physical context of the site and the surrounding area and have been found by both Dublin City Council and the Board to be in accordance with proper planning and sustainable development of the area. While the provisions of the Development Plan may have changed since the above buildings were permitted, the immediate physical context of the site and the surrounding area has not significantly or materially altered (save for the construction of the taller buildings). It is, therefore, submitted that there is a logical conclusion that if 7/8 no. storeys (plus plant) has been found to be acceptable in the recent past then it is submitted that such a height, in accordance with Development Plan policy, should be acceptable for the proposed development of the proposed new National Maternity Hospital and future developments at the St. Vincent's University Hospital Campus, subject to other tests with regard to residential amenities and other material planning considerations.

Notwithstanding the above, it is respectfully submitted that the Board is empowered to consider Strategic Infrastructure Development in a manner that is consistent with its status as a development that would be of strategic importance to the State and the Region, providing national maternity care. In this regard, Section 37G(6) of the Planning and Development Act, 2000 (as amended) states:

> *"The Board may decide to grant a permission for development, or any part of a development, under this section even if the proposed development, or part thereof, contravenes materially the development plan relating to any area in which it is proposed to situate the development."*

13.3 Local Amenity Considerations

The impacts of the proposed development on the St. Vincent's University Hospital Campus and the amenities of the surrounding environment are important planning considerations. Any new building that results in a change to the built environment will give rise to certain impacts. It is the magnitude of these impacts and the amenities that are impacted upon that must be balanced against the benefits of any development. In this instance, the fact that the proposed development is of national importance, as evidenced by its Strategic Infrastructure Development status and Government support, this should provide the context in which these impacts are assessed. The potential amenity impacts as a result of the proposed development of the new National Maternity Hospital at St. Vincent's University Hospital are set out hereunder:

- Height, Scale and Massing
- Visual Impacts and Overlooking
- Daylight, Sunlight and Overshadowing
- Noise
- Air quality
- Traffic and Transportation
- Built Heritage
- Archaeological Heritage

13.3.1 Height, Scale and Massing

The Design Team was cognisant of issues that arise from the height, scale and massing of the proposed development. A significant emphasis has been placed on the design of the proposed new National Maternity Hospital building and a key objective of the architectural concept is to break down the mass of the building where it is proximate to the surrounding external environment. As Herbert Avenue is at an angle to the proposed new National Maternity Hospital building, it became clear during the design process that by stepping back of the southern part of the east elevation, the visual impact of the proposed building at the closest point to Herbert Avenue would be significantly mitigated. As a consequence the massing of the building in this corner has been broken down through the introduction of additional roof terraces at Levels 04 and 05 and through further setbacks from Level 02 to Level 06.

13.3.2 Visual Impacts and Overlooking

13.3.2.1 Change in the Visual Character of the Area

The change in the visual character of the area resulting from the proposed development of the new National Maternity Hospital is likely to be much less than changes in visual character that have taken place on the Elm Park site in the past, and much less than past changes in the visual character of the surrounding area, particularly those brought about by development that has taken place in recent years. The St. Vincent's University Hospital Campus has been the subject of continuing and emerging development since construction on the site began in the late 1950s. The now demolished 14 storey nurses' home, and the back end of other smaller buildings, including the 5 no. storey St Rita's must have represented a very major change in the visual character of the area with St Rita's remaining the most visually intrusive element on the St Vincent's University Hospital Campus, when viewed from the Merrion Road.

The potential visibility of the proposed development and its consequent visual impact is dependent on a number of factors including: the distance of the viewpoint from the proposed development, the relative openness of the surroundings of any viewpoint, the nature of intervening landform and landscape features, and the nature and extent of any intervening buildings and structures. The greatest potential visibility of the proposed development will be from within the St. Vincent's University Hospital Campus, including from within buildings on the Campus. From outside the St. Vincent's University Hospital Campus, the most open views of the proposed development will be from the Merrion Road and from Nutley Lane, where these roads run along the boundary of the Campus. From locations in the surrounding area not immediately adjacent to the St. Vincent's University Hospital Campus, visibility of the proposed development will be limited, and from many locations on these roads the proposed development will not be visible. The Visual Impact Assessment submitted as Chapter 14 of the EIS "Visual Assessment", considers that the proposed development, on balance, is likely to be regarded as positive.

13.3.2.2 Visual Impact on Herbert Avenue

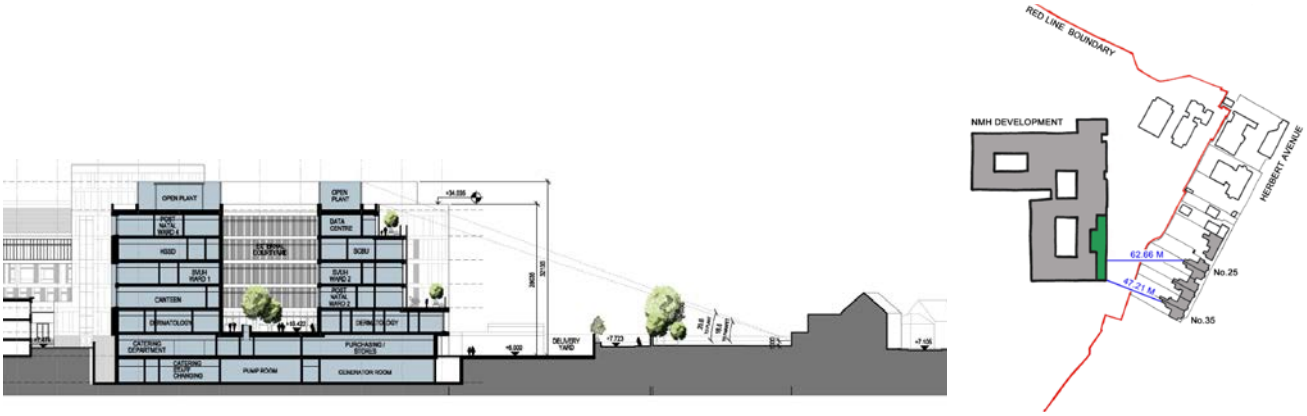
The visual impact of the proposed development was a key consideration in the design process, and from the outset, the views of the proposed development were considered in detail; see Chapter 4 of the EIS *"Examination of Alternatives"*. The preferred design option was ultimately chosen based on having the least impact on the surrounding environment, particularly on Herbert Avenue to the east. Through the design process the eastern elevation of the new National Maternity Hospital building was reduced in height, the massing of the building stepped back, in the corner facing onto Herbert Avenue, and roof terraces were introduced. As shown in the photomontages accompanying this application the reduced height and setbacks at the eastern elevation have had a significant impact in mitigating the impacts on the residential amenity of neighbouring properties.

13.3.2.3 Overlooking

The consideration of the residential amenities of the residents of Herbert Avenue was central to the design development. The potential for overlooking was dealt with in three ways:

- Orientation of the overall structure and maintenance of adequate separation distances;
- The stepping back of the building at the upper levels at the closest points to Herbert Avenue, and;
- The use of design mitigation on the eastern elevation, such as opaque glazing to terraces and window design to direct views away from Herbert Avenue (through the use of external fins and recesses – please refer to Design Report and architectural drawings).

Figure 17: Sample Section through Herbert Avenue (please refer to Design Report)



The separation distances range from over 47m at the closest point to almost 63m for the closest six houses. Given the design mitigation and these separation distances, it is submitted that overlooking is not an issue.

13.3.3 Daylight, Sunlight and Overshadowing

The impact of the new National Maternity Hospital at the St. Vincent's University Hospital Campus has on adjoining properties in terms of daylight, sunlight and overshadowing has been examined in detail in Chapter 13 of the accompanying EIS *"Microclimate"*. The nearest dwellings to the proposed development are on Herbert Avenue, Merrion Road and Nutley Lane. Following construction of the proposed development, loss of daylight to these dwellings would be small and within the BRE Guidelines. The impact is classed as negligible. Loss of sunlight to dwellings on Merrion Road and Nutley Lane would also be small and within the BRE Guidelines, and classed as negligible. The loss of sunlight to the windows facing the new development at the rear of dwellings on Herbert Avenue is not an issue because they face north west.

Loss of sunlight to gardens would be classed as a negligible impact. The proposed building's shadow would not encroach onto the gardens at Herbert Avenue until the late afternoon, and these gardens would receive ample sunlight at other times. Rear gardens of dwellings on Nutley Lane and Merrion Road would be unaffected by the proposed development. Sunlight to the Elm Park golf course would not be affected because the proposed development would lie to the north of it.

In addition, the potential impact of night-time light effluence to areas surrounding the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus was also assessed. Subject to the incorporation of good practice measures on lighting, it is expected that the likely impact from external lighting at operational phase is expected to remain unchanged.

13.3.4 Noise Impacts

A Noise and Vibration impact assessment has been carried out with respect to the proposed development and is set out in Chapter 11 of the EIS *"Noise and Vibration"*. This sets out that during the construction phase it is expected that there will be some temporary impact due to noise emissions from the site. However, given that the construction phase of the development is temporary in nature, it is expected that the various noise sources will not be excessively intrusive. Furthermore, the application of binding hours of operation, along with implementation of appropriate noise and vibration control measures, will ensure that the noise and vibration impact is controlled to be within acceptable standards.

During the operational phase, potential causes of disturbance are considered to be limited to building services plant, additional vehicles on the existing road system, car parking activity and waste/service yard activities. However, it has been predicted that subject to the implementation of appropriate noise and vibration control measures, that activities during the operational phase of the development will not increase the existing noise climate significantly.

13.3.5 Air Quality

An air quality impact assessment has been carried out with respect to the proposed development and is set out in Chapter 12 of the EIS *"Air Quality and Climate"*. This sets out that the greatest potential impact on air quality during the construction phase is from construction dust emissions, and the potential for nuisance dust, asbestos and aspergillus.

In order to minimise dust emissions during construction, a series of mitigation measures have been prepared in the form of a Dust Minimisation Plan. When the Plan is implemented, fugitive emissions of dust from the site will be insignificant and pose no nuisance at nearby receptors. Prior to commencement of the demolition works, all asbestos containing materials identified will be removed by a suitably trained and competent person. In relation to aspergillus, prevention works will take place before construction commences. Through the implementation of the remedial and reductive measures proposed during the construction period, amenity impacts on air quality from the proposed development will not be significant.

13.3.6 Traffic and Transportation

Following the relocation of the existing National Maternity Hospital to St. Vincent's University Hospital over 4,000 staff will be employed between the two hospitals, with about 2,550 staff working during the core weekday hours. The main transport related proposals include an extension to the existing multi-storey car park along with new access arrangements (net increase of 277 spaces on Campus), approximately 485 cycle parking spaces (net increase of 235), motorcycle parking, set-down areas, Campus junctions improvements, a shared waste-collection/delivery area and showers, lockers and changing facilities within the new building.

The sustainable transport strategy which forms part of this application contains a number of key objectives, these are:

1. Reduction in the modal share for car users from circa 50% (SVUH is 51% and NMH is 47%) to a combined 34% as agreed with the Planning Authority and the NTA.
2. Enhancement of the existing high quality sustainable transport measures currently being implemented by St. Vincent's University Hospital. For example, in 2015 the Hospital was awarded the NTA's Cycling Workplace of the Year. This demonstrates existing active demand management, which provides a robust platform for proactive mobility management going forward.
3. Provision of a new stop for the existing University College Dublin (UCD) to DART shuttle at the Hospital entrance, this has been agreed by NTA and UCD and can now provide a link between the DART, the Hospital campus and the UCD bus terminus.
4. Provision of 235 no. net additional cycle spaces and improved general cycle facilities and 277 no. car parking spaces.

13.3.6.1 Traffic Impact

The impacts of traffic or the perceived impact of traffic is a matter that warrants specific consideration in the assessment of this application. A full Traffic Impact Assessment has been carried out, contained in Chapter 6 of the EIS *"Traffic and Transportation"*, and has found that the development of the new National Maternity Hospital at St. Vincent's University Hospital will not have any significant traffic impact on the road network during the construction and operational stages.

In terms of traffic generation and impact on the surrounding road network, the critical period will be the operational phase, as traffic flows generated by the construction works will be less than those when the new National Maternity Hospital is open. The additional traffic generated at the operational phase will not have a significant impact on the neighbouring streets during the Campus or road network peak hour periods, with a projected increase in traffic volumes is less than 2.5% on most links. The main junctions impacted by the new development are the entrances to the Campus, with the morning peak having the most impact. The Merrion Road entrance junction is expected to increase by 3.4%, while the Nutley Lane entrance junction is expected to increase by 6.8%. There is no significant increase at any of the other junctions in the vicinity of the Campus.

The junction capacity analysis carried out shows that while critical movements at key junction are currently at or over-capacity during peak periods, the additional traffic generated by the new Hospital will not have a significant impact in terms of capacity of queuing. The proposed improvements at the Merrion Road and Nutley Lane entrances will also have a positive impact, with queuing along Nutley Lane during the morning peak reducing. In terms of the impact on the overall network, the inclusion of the second car park entrance to the multi-storey car park will provide those

existing the campus with an additional option when exiting, thereby providing the opportunity to reduce pressure on the Nutley Lane exit. In addition, it is proposed to carry out the junction improvements and car park upgrades in advance of the main works, thereby "front-loading" the transportation planning gains.

In terms of the NTA's proposals with respect to the *"Sandymount / Merrion to Blackrock Study"*, these have been addressed above and it is not expected there is any conflict between the proposed development and the emerging preferred corridor upgrades.

As demonstrated by the transportation assessment set out in Chapter 6 of the EIS, the proposed development of the new National Maternity Hospital at St. Vincent's University Hospital will not have any significant traffic impact on the road network during the construction and operational stages.

13.3.6.2 Car Parking

The level of car parking provision has been informed by the baseline appraisal of the existing environment, the present travel patterns at both St. Vincent's University Hospital and the existing National Maternity Hospital at Holles Street and the objective to deliver a sustainable transport strategy in consultation with Dublin City Council. In terms of applicable development planning standards, the level of car parking provision for hospitals in the Dublin City Development Plan is qualified in terms of the need to *"have regard to the numbers of shift staff, core hours staff, patients and visitors."*[125]. The proposed parking provision in particular, takes account of the travel mode split targets set by the Mobility Management Strategy.

Following the completion of the new National Maternity Hospital, it is proposed that there will be a total of 1,289 spaces provided on Campus associated with St. Vincent's University Hospital and the new National Maternity Hospital. The multi-storey car park will increase to 922 spaces, which will accommodate replacement for the displaced car parking spaces as well as the proposed 277 additional spaces. The parking provision has been carefully considered and is appropriate for the type of development proposed.

13.3.6.3 Mobility Management Strategy

St. Vincent's University Hospital Campus already has a sustainable transport strategy in place, with a number of mobility management initiatives including paid staff car parking, provision of secure and sheltered cycle parking and provision of real-time public transport information in St. Vincent's University Hospital. This has seen increased usage of sustainable modes of transport, including annual increases in the number of staff cycling in recent years. The success of these initiatives was recognised

[125] Dublin City Council Development Plan, 2016-2022, Section 16.38

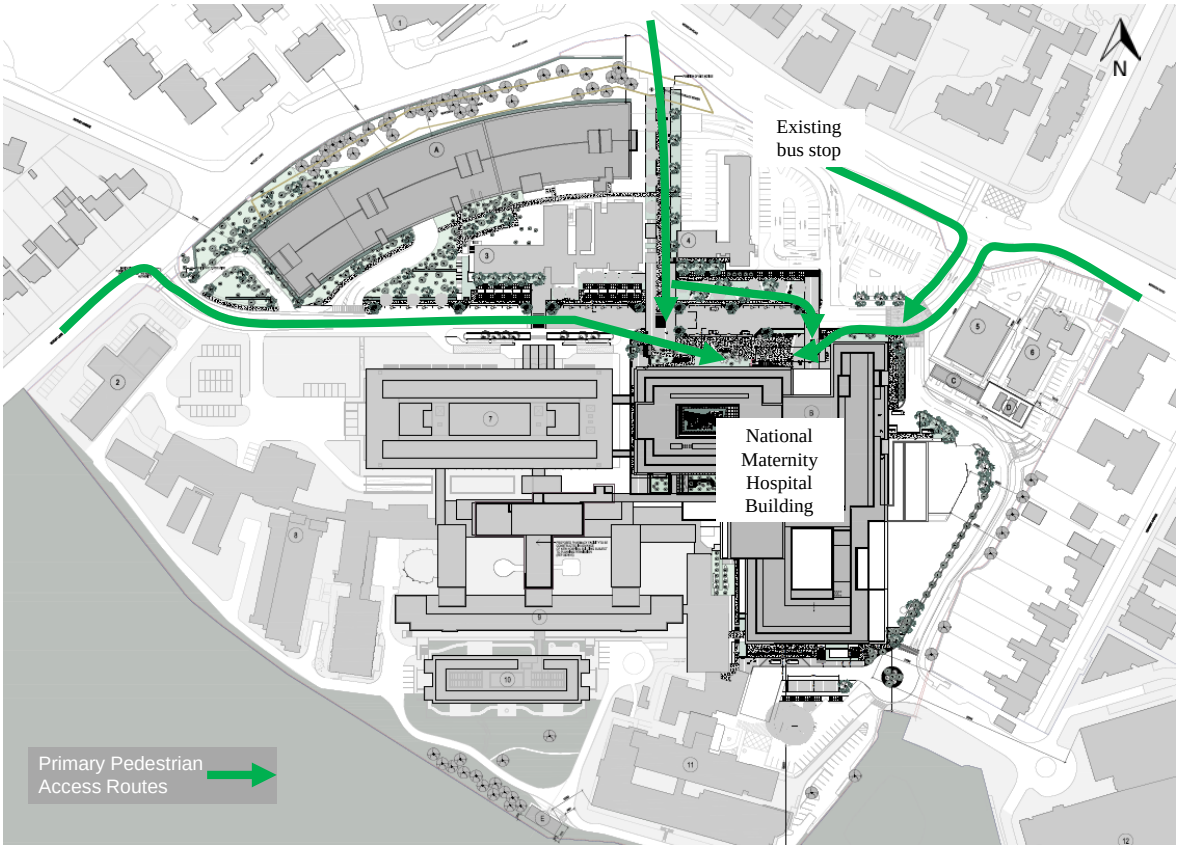
with St. Vincent's University Hospital awarded the Cycling Workplace of the Year at the 2015 Smarter Travel Awards

A Mobility Management Strategy has been prepared for this application which includes specific measures to encourage more sustainable modes of travel to the Campus, with a particular focus on staff travel. It also outlines how it is proposed to manage, promote and monitor the Mobility Management Plan. As the Hospital already actively promotes sustainable transport among its staff, the measures outlined are in general an enhancement and formalisation of the existing initiatives, schemes and promotions. The implementation of these measures along with external improvements to the public transport and cycle network will further encourage travel by sustainable modes, thus helping to achieve the modal split targets.

Pedestrians

Specific measures to encourage more sustainable modes of travel such as staff walking to work are incorporated in the proposed development and include *inter alia:* the provision of high quality pedestrian facilities within the Campus, including new pedestrian crossing; redesign of the Merrion Road access junction with improvement of pedestrian facilities across Merrion Road; and, the provision of high quality changing rooms, lockers and shower facilities. The pedestrian access strategy for the Hospital Campus is shown in Figure 18 below.

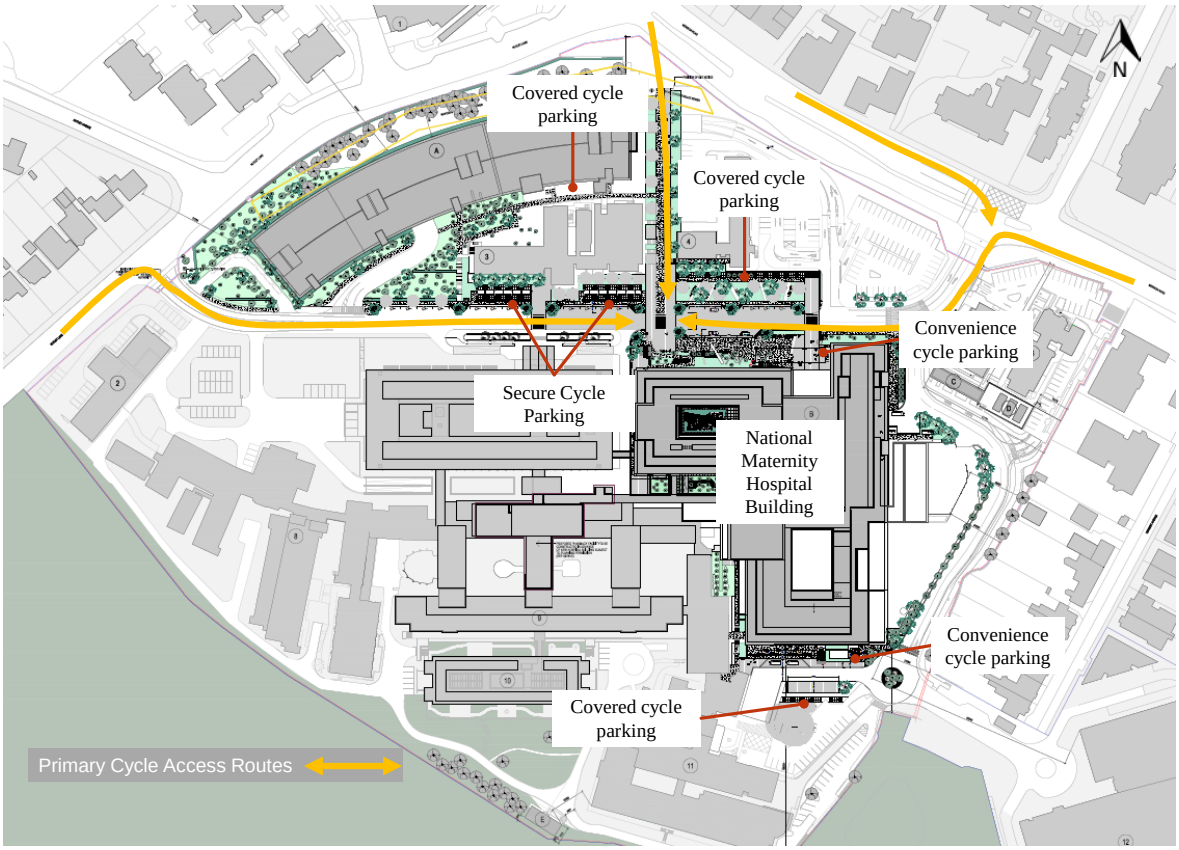
Figure 18: Pedestrian Access Strategy



Cycle Strategy

The popularity of cycling has increased in recent years at St. Vincent's University Hospital and the Hospital won the Cycling Workplace of the Year Award at the Smarter Travel Awards 2015. Cycle lanes are provided throughout the Campus and the proposed development enhances the network with the provision of a new cycle route alongside the main north-south public pedestrian route into the Hospital from Merrion Road. Other measures aimed at promoting cycling include: the provision of high quality changing rooms, lockers and shower facilities; the provision of additional secure cycle parking spaces; and, the continued promotion of the Cycle to Work scheme. The cycle access strategy for the Hospital Campus is shown in Figure 19 below.

Figure 19: Cycle Access Strategy



13.3.7 Built Heritage

There are no recorded architectural heritage sites located within the proposed development area or its immediate environs. The closest protected structures (Record of Protected Structures numbers 2654-2667) are located c. 100m to the southeast, where 18 semi-detached cottages are located fronting onto Estate Avenue. No potential or predicted adverse negative impacts on the architectural resource are anticipated as a result of the proposed development going ahead and the nature of the receiving environment within which the cottages are located will not be subject to significant change. This is due to the nature and scale of the existing Hospital buildings adjacent to the proposed development area, including the Medical Services building and the Private Hospital.

The impact of the proposed development on built heritage has been examined in detail in Chapter 15 of the accompanying EIS *"Archaeological, Architectural and Cultural Heritage"*.

13.3.8 Archaeological Heritage

No areas or features of archaeological potential were noted during the course of the archaeological assessment that was carried out. Due to the highly developed nature of the proposed development area, it is considered that any archaeological deposits that did survive within this area have since been removed by subsequent development. As such no potential adverse negative impacts upon the archaeological resource are anticipated.

13.4 Construction Management

A key consideration for the project is to minimise the impact of the construction activities on the existing Hospital Campus, local area and wider community. The proposed development works will impact the on-going operation and function of the existing Campus and local environment in terms of intensity and duration of activities. The Draft Construction Management Plan, attached as Appendix 2.1 of the EIS, seeks to demonstrate how works can be delivered in a logical, sensible and safe sequence with the incorporation of specific measures to mitigate the potential impact on people, property and the environment. The following key setting issues have been recognised within the design solution:

- The existing Hospital Campus location – The project is to be located within the existing St. Vincent's University Hospital Campus site boundaries. The Hospital Campus must remain 'live' and fully operational during the construction period. Maintaining safe pedestrian, vehicular and blue-light access to the Campus is an absolute priority.

- Local area and wider community interactions – The site is in an urban location and is in close proximity to residential and commercial properties and the Elm Park Golf and Sports Club. The impact of the construction activities on the local area and wider community is to be kept to a minimum.

The Draft Construction Management Plan sets out key activities to mitigate potential impacts and these include:

- Adopting a phased approach for the development so that the level construction activities on the Campus at any one time are not unduly disruptive;
- Implementation of monitoring and control measures surrounding construction activities;
- Identification of appropriate construction traffic controls;

- Appointment of a community liaison to provide the link between the Main Contractor and stakeholders to facilitate good relations and clear lines of communication.

It is submitted that the consideration of the existing Hospital functions by the Design Team has been adequately demonstrated in this application and that, by granting consent for the application as lodged, St. Vincent's Healthcare Group is satisfied that its operations, staff and patients are protected.

13.5 Ecological Considerations

An assessment of the likely impacts on flora and fauna associated with the development of the new National Maternity Hospital at the St. Vincent's University Hospital was undertaken.

There are a number of European designated sites located within 15km of the proposed development. Following screening, the only European sites for which potential significant impacts have been identified are North Dublin Bay cSAC, South Dublin Bay cSAC, South Dublin Bay and River Tolka Estuary SPA and North Bull Island SPA. Impacts which were considered to have the potential to impact on these European sites related to the potential construction-related surface water discharges from the proposed development and the potential for these effects to reach downstream European sites. Potential cumulative impacts were also considered. A range of precautionary measures have been incorporated into the project design, and other mitigation measures have been developed and proposed, with the purpose of avoiding or minimising impacts on the qualifying interests and conservation objectives of the relevant European sites. The efficacy of these measures was also considered and no issues in respect of their effective implementation were identified. The attached NIS concludes that, in the light of the best scientific knowledge, no reasonable scientific doubt remains as to the absence of adverse effects from the proposed development on any European site.

There were no records of rare or protected species within the site or environs. Bat activity was only recorded along the treeline located south of the proposed development site. Key sources of potential significant impact arising from the proposed development were identified as a result of: temporary lighting during construction and, permanent lighting during operation and the potential impacts on bats as a consequence of the lighting. However, following the implementation of the mitigation measures proposed including adherence to advice provided in *'Bats and lighting – Guidance for Planners, engineers, architects and developers'* (Bat Conservation Ireland 2010) and the lighting plan being reviewed by a suitably qualified bat ecologist in order to avoid any impacts on bats, no significant residual impacts are anticipated either during the construction phase or the operational phase.

13.6 Development Contributions

As the project is publically funded we would respectfully request that the Board considers the matter of development contributions in light of any available exemptions. In addition to this, it is submitted that the Hospital itself could be regarded as a *"community facility"* and that there are significant improvements to the public realm being proposed in this application. As such, where there may be opportunities for reducing the payable development contributions, we would request that the Board closely examines this option.

It is noted that the project is subject to the Development Contribution Scheme of Dublin City Council. Section 11 of the Scheme sets out the categories of development that will be exempted from the requirement to pay development contributions including:

- Development to be used for social, recreational or religious purposes and not to be used for profit or gain.

While it is acknowledged that Section 12 of the Scheme specifically excludes hospitals from the exemptions, we submit that there is a case to suggest that publically funded hospitals should be treated differently to private hospitals and could avail of the exemptions as set out above. Notwithstanding this, Section 13 sets out the categories of development that will be liable for a reduced rate of development contributions including *inter alia*:

- Where an applicant is granted permission to demolish in part or in full an existing building and replace with another, then the development contribution payable is to be charged on the net additional floorspace created.
- Ancillary non-surface, non-residential car parking will be calculated at 50% of the applicable rate of contribution

In this regard, the following figures are of relevance:

- Gross floor area of proposed development: 50,776sq.m.
- Area of multi-storey car park: 11,884sq.m. (new construction)
- Area of buildings to be demolished: 8,765sq.m.

14.0 Overall Conclusion on the Case for Approval

The case for the development of the new National Maternity Hospital at St. Vincent's University Hospital can be said to centre on the creation of a world class maternity health facility designed to benefit the mothers and babies of Ireland. This section highlights those aspects of the application that are relevant to the planning assessment. In summary, the following should be noted:

1. The proposed development is an essential public infrastructure project of national importance that represents a significant step towards addressing current physical infrastructure inadequacies, service demand and accessibility issues. The strategic importance of the project is reflected in a Government commitment to invest in improving maternity service provision, with the proposed development providing a state of the art healthcare facility that will offer clinical excellence so that women and infants can receive the highest standard of care.

2. The current model of stand-alone maternity hospitals in Dublin is out of step with the best models of care internationally and it is no longer recognised as best practice for service provision. It is now well recognised that to achieve optimal clinical outcomes, maternity services should be co-located with adult acute services as it can provide access to the full range of medical and surgical specialties and clinical support services available at an acute hospital. The co-location of the new National Maternity Hospital with the adult acute services at St. Vincent's University Hospital will achieve this objective of co-location.

3. The decision to locate the development of the new National Maternity Hospital at St. Vincent's University Hospital Campus was the subject of a systematic, authoritative and comprehensive consideration of alternatives. The assessment took account of a range of factors at different stages including clinical requirements, planning policy, land use and environmental factors. It is evidenced in this application that the consideration of alternatives and the site selection process was informed, authoritative, rational and robust.

4. The clinical suitability of the site was a fundamental consideration in the decision to re-locate the existing National Maternity Hospital to St. Vincent's University Hospital. Achieving clinical links has been central to the design and functional operation of the proposed development. The design of the new National Maternity Hospital building ultimately represents state-of-the-art clinical functionality, providing the highest quality spaces for women, babies, families and staff and optimising the adjacencies and flows between Departments to create an efficient, safe and therapeutic environment.

5. A significant emphasis has been placed on the design of the proposal. The height, form and massing of the new National Maternity Hospital building has been carefully considered from a visual perspective to relate to the prevailing height and context of its immediate surroundings, the overall Hospital Campus, and neighbouring properties. Similarly, the external finish of the structure has been chosen to ensure a consistent design approach to fit in with the existing Hospital Campus and to minimise any potential visual impact.

6. Having regard to the above, we submit that the proposed development of the new National Maternity Hospital at the St. Vincent's University Hospital Campus will be an appropriate development and will be in accordance with the proper planning and sustainable development of the area for the following reasons:

    - The proposal satisfies the objectives of Government policy, best practice healthcare provision and the requirements of the Health Service Executive to deliver the development of a new National Maternity Hospital at the application site;

    - The Government has resolved to proceed with the St. Vincent's University Hospital Campus as the location of the new National Maternity Hospital following consideration of independent Reports including KPMG's *'Independent Review of Maternity and Gynaecology Services in the greater Dublin Area'* ;

    - The proposed development is a fundamental pillar of the Government's National Maternity Strategy 2016-2022.

    - The objectives and policies of the National Spatial Strategy and the Regional Planning Guidelines for the Greater Dublin Area will be met in relation to:

        - The desire to concentrate development in locations where it is possible to integrate employment, community services, retail and public transport;

        - Encouraging mixed use and well-designed higher density development, particularly near town centres and public transport nodes like the Dart stations;

        - Encouragement of planning authorities to work with the health services with regard to provision for community based primary care centres and hospital care… supporting their integration into new and existing communities.

    - The proposed development complies with the overarching objectives of the Dublin City Development Plan 2016-2022, the site specific zoning and permissible uses at the subject site, relevant policies and objectives, and development standards for new

developments. It is explicitly supported by Policy CEE20 and CEE21(i) and, as such, forms a fundamental part of the Planning Authority's strategy for the future development of the City.

- The scheme fits with the long established use of the St. Vincent's University Hospital Campus for provision of healthcare services;

- The design, layout and effects of the proposed development, as described by the Environmental Impact Statement, would have no significantly negative environmental impacts and, where necessary, appropriate mitigation measures will be put in place to limit any impacts.

- The proposals include measures to increase model shift from the private car to public transport in respect of hospital employees and visitors. Notwithstanding this, the proposed traffic generated by the proposed development is negligible in the context of the overall levels on the network and its impact is not considered significant.

Therefore, in terms of a decision on where the planning balance lies, it is considered that any identified negative impacts of the proposed development (such as loss of local amenity or increased traffic) will be far outweighed by the highly significant well-being/health; economic and social/community benefits that will arise from the proposal. It is concluded that the development of the new National Maternity Hospital at St. Vincent's University Hospital accords with the proper planning and sustainable development of the area and the application is therefore commended to An Bord Pleanála for approval.

APPENDIX A – Correspondence with the National Transport Authority

From: Hugh Creegan [mailto:Hugh.Creegan@nationaltransport.ie]
Sent: 19 February 2017 09:55
To: 'eleanor.masterson@hse.ie'
Cc: Donal Mc Daid
Subject: Proposed New National Maternity Hospital Development

Dear Eleanor,

I understand that work in relation to the planning of the proposed new National Maternity Hospital development at the St. Vincent's University Hospital Campus is continuing. The purpose of this email is to update you on certain transport issues that may be of relevance.

In my letter of 29th January 2016 I set out the NTA's proposals in this general area relation to bus, rail, cycling and pedestrian facilities. In that letter I referred to the inclusion of these proposals in the Draft Transport Strategy for the Greater Dublin Area 2016 – 2035. Subsequent to that correspondence the Minister for Transport, Tourism and Sport approved that draft transport strategy and it was published as the formal statutory transport strategy for the Greater Dublin Area in April of last year. As such, it sets out how transport will be developed across the region, covering Dublin, Meath, Wicklow and Kildare, over the next two decades. Its legislative foundation can be found in section 12 of the Dublin Transport Authority Act 2008.

All of the proposals set out in my letter continue to remain part of the statutory transport strategy. You may be aware that since that correspondence we have published details of the "Sandymount/Merrion to Blackrock Corridor Study". Those proposals include the construction of a new bridge across the DART railway line and the closure of the Merrion Gates level crossing, in addition to bus and cycle lane enhancements along the Merrion Road. Details of the proposals can be found at the link below.
https://www.nationaltransport.ie/consultations/nta-opens-consultation-on-ambitious-proposals-to-tackle-merrion-gate-bottleneck/

In relation to the 10 minute DART service mentioned in my letter, this is intended to be introduced later this year. Regarding the Core Bus Network, work is continuing on the planning and design of that network and we expect to seek planning consent for certain projects in the near future.

Should you require any further information on any of the above matters please let me know.

Regards,

Hugh Creegan
Director of Transport Investment and Taxi Regulation

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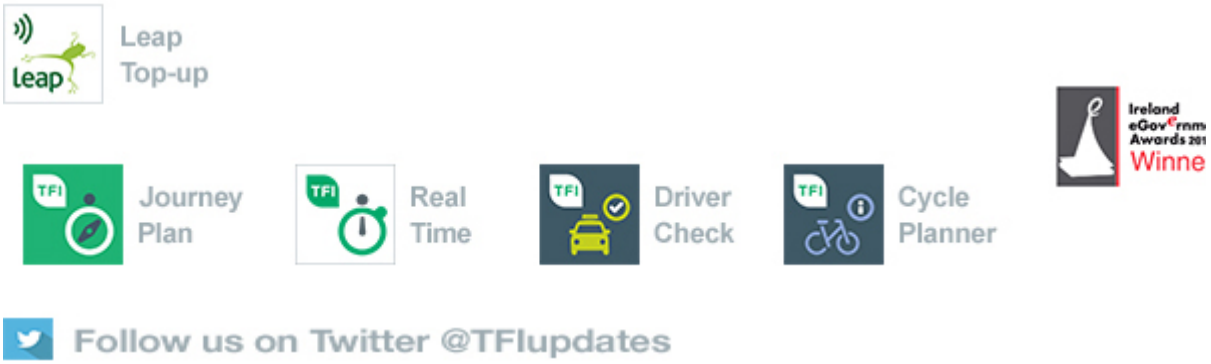

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Ms Eleanor Masterson,
Health Services Executive,
Sir Patrick Dun's Hospital,
Lower Grand Canal Street,
Dublin 2.

29th January 2016

Re: Proposed New National Maternity Hospital Development at St. Vincent's University Hospital Campus

Dear Ms. Masterson,

I refer to the meeting held in the National Transport Authority's (NTA) offices on 8th January 2016 and the subsequent letter from Mr. Donal McDaid of Arup.

As you will be aware, the primary transport policy in the Dublin region is focussed on moving more people by public transport, cycling and walking. The proposed new National Maternity Hospital at the St. Vincent's University Hospital Campus, is located close to a number of significant public transport corridors, and also benefits from proposals to further develop public transport infrastructure and services, plus cycling and walking facilities in this area.

As your Design Team will be able to elaborate on the existing transport provision in the area, I will confine my comments to the NTA's proposals in this general area relation to bus, rail, cycling and pedestrian facilities.

Bus Infrastructure:

The recently published Draft Transport Strategy for the Greater Dublin Area 2016 – 2035, which was formally submitted to the Minster for Transport, Tourism and Sport earlier this month, sets out a "Core Bus Network" for the region, comprising sixteen radial bus corridors, three orbital bus corridors and six regional bus corridors.

This core network represents the most important bus routes in the region, and are generally characterised by a high frequency of bus services, high passenger volumes and with significant trip attractors located along the route.

The Draft Transport Strategy states (section 5.5): *"In order to ensure an efficient, reliable and effective bus system, it is intended, as part of the Strategy, to develop the Core Bus network to achieve, as far as practicable, continuous priority for bus movement on the portions of the Core Bus Network within the Metropolitan Area. This will mean enhanced bus lane provision on these corridors, removing current*

delays on the bus network in the relevant locations and enabling the bus to provide a faster alternative to car traffic along these routes, making bus transport a more attractive alternative for road users. It will also make the overall bus system more efficient, as faster bus journeys means that more people can be moved with the same level of vehicle and driver resources."

Three of these corridors are relevant to the proposed development. These are:

- Dun Laoghaire – Blackrock – Ballsbridge Core Radial Bus Corridor;
- Bray/N11 – UCD – Donnybrook Core Radial Bus Corridor; and
- Dundrum / UCD – Tallaght Core Orbital Bus Corridor.

The proposed development is located between the two Core Radial Bus Corridors, and will directly benefit from the high frequency services operated on these routes. The Core Orbital Bus Corridor is currently anticipated to terminate at UCD, and will provide connectivity with Dundrum and locations westwards to Tallaght.

In addition, the Draft Transport Strategy anticipates that part of the Bray/N11 – UCD – Donnybrook Core Radial Bus Corridor will be developed as a Bus Rapid Transit (BRT) scheme – the Blanchardstown to UCD BRT scheme. Extensive work has already been undertaken on this project and it is expected that a final scheme design option will be selected later this year.

In relation to the Dun Laoghaire – Blackrock – Ballsbridge Core Radial Bus Corridor, initial engineering designs have been developed by the NTA between Blackrock and the junction of Merrion Road and Ailesbury Road as part of a combined bus/cycle project. These proposals provide for significantly enhanced bus lane provision, plus segregated cycling facilities, along this corridor. An initial public consultation process will be undertaken in about three months in respect of these designs.

Bus Services:

Bus services will continue to evolve in the years ahead. Referring to the Draft transport Strategy, it commits (Section 6.1) that:

- *"As passenger demand increases, additional capacity will be added to the bus network where it is required;*
- *Radial bus services on the routes forming the Core Radial Bus Network will be operated at a high frequency, generally at a ten minute frequency during peak hours and a fifteen to twenty minute frequency for most off-peak hours;*
- *Orbital bus services on the routes forming the Core Orbital Bus Network will be operated at a matching frequency to the core radial services to ensure that they offer an attractive alternative to the private car and to facilitate ease of interchange with radial services;"*

and that:

- *"Bus services will be regularly reviewed by the Authority in collaboration with the relevant bus operators and amended as necessary to take account of changing development and travel patterns to ensure that services operate optimally".*

Accordingly, the services on the Rock Road / Merrion Road and Stillorgan Road corridors will be high frequency services with adequate capacity for the level of likely passenger demand.

Following discussions between UCD authorities and the NTA, UCD introduced a shuttle bus service linking the UCD campus to Sydney Parade DART station. It is our understanding that this service has been well utilised and is considered successful. Requests have been made for the NTA to consider providing a public bus service along this corridor as part of the overall subsidised bus network across the region. No decision has yet been made in relation to this issue, but the concept of a bus service along this busy link is fully supported by us.

Rail (DART):

The DART represents the main high capacity public transport artery through Dublin City. The proposed development is located within the walking catchment of Sydney Parade DART station, allowing convenient access to this major transport link.

We are currently assessing with Irish Rail proposals to increase the frequency of DART services to 10 minutes service intervals, and expect to make a final decision on this in the coming months, with implementation then to occur in the subsequent weeks.

As part of the bus/cycle corridor project between Blackrock and the junction of Merrion Road and Ailesbury Road, proposals have been developed to close the Merrion Gates level crossing through the construction of a new road link, inclusive of a bridge over the railway line, just north of Merrion Gates, connecting Merrion Road and Strand Road. This proposal will be included in the initial public consultation process referred to earlier, to be undertaken in about three months. The construction of this road link will allow the Merrion Gates level crossing to be closed, addressing a significant safety risk for the railway, and will alleviate some of the traffic problems associated with this location. The closure of this crossing will incorporate a short underpass to provide continuous connectivity for pedestrians and cyclists.

In the longer term, the Draft Transport Strategy provides for a five minute DART service, to be introduced in tandem with the development of the DART Expansion Programme.

Cycle Facilities:

The Rock Road / Merrion Road corridor is identified as one of the Primary Cycle Routes forming the Greater Dublin Area Cycle Network Plan – it is Route 13. Significant investment has been made in 2014 and 2015 in improving cycle facilities along Frescati Road through Blackrock. It is intended to continue that improvement programme along this route.

A key objective of the combined bus/cycle corridor project between Blackrock and the junction of Merrion Road and Ailesbury Road is the delivery of high quality, safe and segregated cycling facilities along this section of the overall Cycle Route 13. The emerging design that will go to public consultation in a few months' time does achieve that objective. In line with the availability of funding, and subject to the necessary consents, it is intended to deliver this project over the coming years.

Nutley Lane is included in the Greater Dublin Area Cycle Network Plan as a Secondary Cycle Route. It is a particularly important link between UCD and Sydney Parade DART station. We have prepared initial designs for a two-way cycle route along this link but further design and planning work is required before a final design solution for this cycle link is selected.

Pedestrian Facilities

The key pedestrian improvements proposed in this area are integral parts of the transport projects referenced earlier. The combined bus/cycle corridor project along Merrion Road /Rock Road will deliver improved footpaths and additional signalised pedestrian crossings. Similarly the development of the cycling route along Nutley Lane will also include appropriate provision for safe road crossing arrangements for pedestrians.

As part of those projects, both pedestrian and cycling connectivity to Sydney Parade DART station will be enhanced. The exact details of those enhancements remain to be developed, but they will result in safer and more convenient connections by walking and cycling from both Nutley Lane and Merrion Road, with attendant benefits to the hospital campus.

In addition, the creation of the new road link between Strand Road and Merrion Road, through bridging over the railway line, will remove the severance that currently occurs during the periods of road closure at the level crossings.

The above information identifies the various proposals that are under development by the NTA in this general area. I trust that the information is of assistance.

Yours sincerely,

Hugh Creegan,
Director of Transport Investment and Taxi Regulation.

APPENDIX B – Clinical Case and Model of Care

The development of the National Maternity Hospital (NMH) at St. Vincent's University Hospital (SVUH) Campus

CLINICAL CASE AND MODEL OF CARE

Strategic Infrastructure Development Application

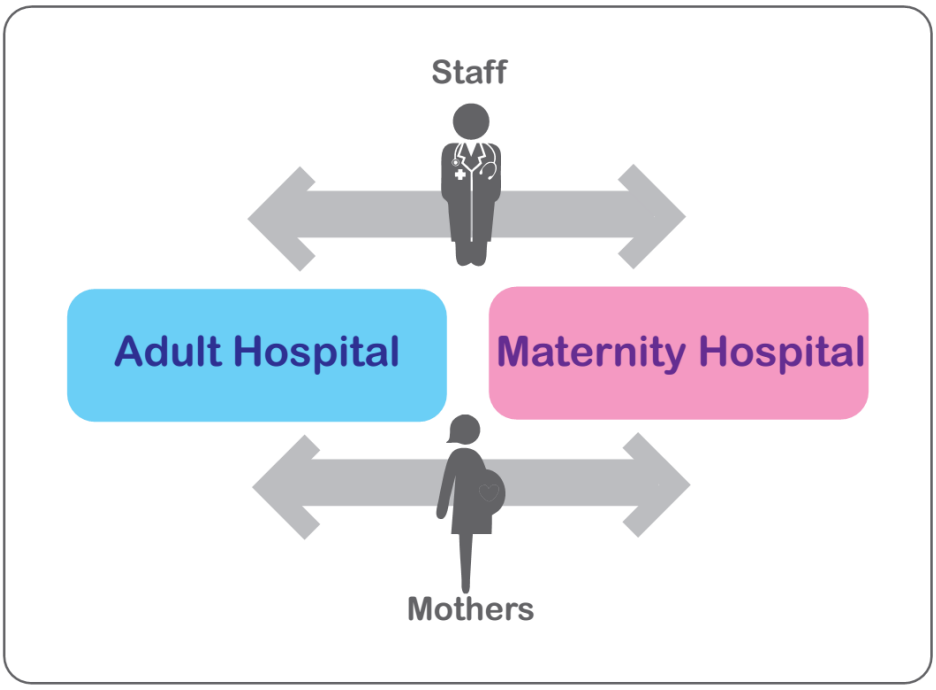
To An Bord Pleánala

Table of Contents

1. General Introduction

The colocation of the National Maternity Hospital (NMH) with St Vincent's University Hospital (SVUH) is an urgent priority not just for NMH but for Irish maternity and neonatal services. NMH is the largest maternity hospital in Ireland and one of the largest in Western Europe. It is a major tertiary referral centre, comprising a range of national specialties which provide tertiary expertise for the Ireland East Hospital Group (IEHG) and all of Ireland. Over 9,000 infants are delivered annually at NMH. The current infrastructure at NMH is widely accepted as not fit for purpose, while maternity and neonatal care are widely acknowledged as branches of medicine that are of highest risk.

Dublin is unique in its configuration of three large stand alone maternity hospitals. Government policy has identified the best practice requirement to colocate the three Dublin maternity hospitals with acute adult services as part of 'Creating a Better Future Together – National Maternity Strategy 2016 – 2026'. In line with this strategy NMH is to be colocated on the SVUH campus.



NMH was founded in 1894 as a charitable "lying-in" Hospital for the poor women of the area. From this humble beginning, the volume and complexity of the Hospital's work has increased exponentially and NMH is now a busy tertiary unit caring for the most complex maternity and neonatal cases in the state.

The current Hospital exists on an inadequate site of approximately 14,000 sqm. The last major expansion occurred in the 1930's as a result of funding made available from the infamous "Irish Hospitals' Sweepstake". Parts of the building date back to the 18th century creating major infrastructural challenge. The ageing infrastructure does not support modern maternity and neonatal care and the cost of ongoing necessary renovations to maintain status quo is prohibitive. Overcrowding and a lack of basic facilities create serious difficulties in the day-to-day delivery of high-risk services. The majority of maternity and neonatal care is unscheduled and is procedure based. These procedures are highly time sensitive with unpredictable peaks and troughs. There is no recourse to trolleys or waiting lists and the concurrent high rate of unplanned operative intervention creates unique challenge. Interdepartmental transfer within the hospital in the context of obstetric emergency is greatly hampered by the unsuitable infrastructure.

Over the past twenty years the number of babies delivered annually at NMH has increased by over 50%. Other demographic changes have played an important role in increasing workload. Advancing maternal age, increased BMI, increased multiple pregnancy, and the increased incidence of maternal co-morbidities are just some of the striking demographic changes that have contributed to increased risk and increased operative intervention. Exciting new developments in gynaecology, fetal medicine and neonatal intensive care have equally played their part in increasing activity. The Hospital was not constructed to deliver modern tertiary gynaecological, maternity and neonatal and care. Instead, NMH has had to adapt its ageing infrastructure, and despite considerable recent investment, it is not possible to achieve modern day standards in terms of facilities. The delivery of sophisticated 21st century medicine requires a supporting infrastructure and the limitations created by the current infrastructure at Holles St. increase annually. It is clear that the current site will not support tertiary service delivery in to the future.

At present, in the context of severe maternal morbidity or complex disease, NMH relies on accessing Intensive Care and other medical and surgical facilities at SVUH. Women who require admission to Intensive Care in SVUH from NMH are very ill indeed and the transfer across the city in this context creates additional hazard. Close proximity of the range of healthcare services that might be required has the potential to revolutionise the care that NMH delivers presently. The colocation model facilitates a modern campus approach to healthcare, where a range of services operate in close proximity to increase the breadth and depth of healthcare services concentrated together. This will address the fragmentation of healthcare in Ireland which has so been markedly problematic to date and which is be explained by Ireland's unique history and evolution of healthcare. It will

also support future collaboration and research as the various multidisciplinary teams in healthcare have the opportunity to work in closer proximity. This creates exciting potential for advances in medical care.

This Model of Care paper will:

- set out why a new Hospital for women and infants is required in Ireland;
- will describe the model of care for the proposed Hospital and;
- outline how the colocation of NMH with an acute adult facility, will significantly elevate the standard of care for women and infants in Ireland.

2. Clinical Case: Why is the new National Maternity Hospital necessary?

2.1. Existing National Maternity Hospital Facilities at Holles Street

NMH was established at Holles Street in 1894 and the main hospital building environment dates back to the refurbishment of the 1930's. Whilst the hospital has seen relatively little infrastructural expansion in the last half a century, the activity taking place within its confines has increased significantly - the number of births taking place in Holles Street has increased by nearly 50% in the last two decades.

Whilst NMH, on an ongoing basis, strives to maintain and upgrade its existing facilities, there is insufficient space within the current footprint of the hospital on Holles Street to facilitate the continued provision of maternity services in accordance with contemporary standards, regulations and government policy.

The present physical infrastructure at NMH does not facilitate patient's dignity, confidentiality or privacy, nor does it facilitate effective infection prevention and control. Optimum clinical proximities are difficult to achieve with services provided in a building that can no longer serve the needs of modern maternity and neonatal care. There is significant overcrowding in the current facilities and outmoded 'nightingale' style multi-bed wards are still in use. Importantly, the lack of basic facilities, such as toilets and bathrooms, seriously compromise patients' dignity and significantly increase the risk of hospital acquired infections.

Recently, the Health Information and Quality Authority (HIQA) carried out a number of unannounced inspections of the facilities at Holles St. which highlighted the challenges facing NMH as an organisation in delivering their service within the existing hospital infrastructure. In particular in 2015, HIQA undertook 2 nr. unannounced inspections, on 7th October and 17th November respectively. The report which HIQA published arising from these inspections noted the following deficiencies with respect to the Delivery Ward: [1]

- The small size of Delivery Rooms contrasted with the increasing size of bedside medical equipment requirements;
- Insufficient storage facilities in Delivery Rooms;
- The limited amount of space in the Delivery Ward;
- Insufficient footprint to expand ward;
- Outdated Delivery Ward design;
- Narrow Ward Corridors;
- Lack of/small/poorly designed decontamination and equipment storage and staff

[1] https://www.hiqa.ie/system/files?file=inspectionreports/National-Maternity-Hospital-17.11.2015.pdf

facilities;

- Lack of ensuite toilet/shower facilities;

HIQA also noted similar issues with respect to NMH Operating Theatre Department and emphasised that the "age and limited footprint of the hospital building is a key barrier to improvement in the theatre infrastructure".[2]

In a number of instances in the recent past NMH neonatal unit has been evacuated due to the presence of structural deficits within the walls of the unit. Whilst in this instance it has been possible to relocate NMH neonatal unit within the Hospital, it is becoming increasingly expensive and challenging for NMH to complete the required renovations to keep the existing physical infrastructure safe and/or meet contemporary building regulations.

Due to the constraints of the Holles St. site, NMH is limited in the extent to which the physical deficiencies noted above can be remedied. It has been calculated that were the Holles St. site to be entirely redeveloped to modern standards it could only accommodate 60% of the floor space required delivering NMH's clinical activity. This is due to the following reasons (non-exhaustively):

- The constrained site footprint;
- The location of the site within the historic south Dublin Georgian core;
- The location of protected structures within the existing hospital buildings ;
- Logistical constraints due to limited vehicular accessibility;

Additionally, redevelopment on the existing Holles St. site would result in considerable disruption to the existing services on the site. There would, as a consequence, during construction works either need to be a necessary reduction in the services delivered by the hospital, the requirement to provide some services temporarily off-site or a requirement for an elongated construction programme to enable staggered/phased re-development of the hospital.

The significant deficiencies on the existing NMH site and the very limited capacity to redevelop the hospital at that location create an imperative to relocate the Hospital to an alternative site to facilitate clinical service delivery in a safe, appropriate and dignified environment.

[2] '*Report of inspections at the National Maternity Hospital, Holles Street, Dublin 2',* HIQA, February 2016 (Published date), p17.

2.2. The National Maternity Hospital at St. Vincent's University Hospital Campus

Context

NMH and SVUH are part of in the Ireland East Hospital Group (IEHG). The IEHG is the largest of the seven recently established hospital groups and comprises eleven hospitals in Leinster (including six voluntary hospitals) and is partnered with University College Dublin. The group provides comprehensive clinical tertiary and quaternary services to over 1 million people within its catchment area.

NMH is a national tertiary referral hospital. It is the only tertiary obstetric unit within IEHG. As a group, IEHG caters for circa 16,000 births per year, more than t half of which are performed at NMH. NMH is also a major academic centre with both undergraduate and postgraduate training in midwifery, obstetrics and a variety of other disciplines. The hospital's primary affiliation is with University College Dublin, IEHG's academic partner, although there are additional links with the Royal College of Surgeons.

In accordance with recommendations of the National Maternity Strategy, NMH collaborates with the other maternity units within IEHG. As the largest maternity hospital within the IEHG Group, NMH will provide tertiary and quaternary support to the smaller maternity units in the group and indeed to the broader landscape of maternity units in Ireland. The colocation of NMH on the SVUH campus in purpose built modern facilities is a major capital and strategic priority for IEHG and a key strategic priority for government.

NMH to SVUH – Policy Context

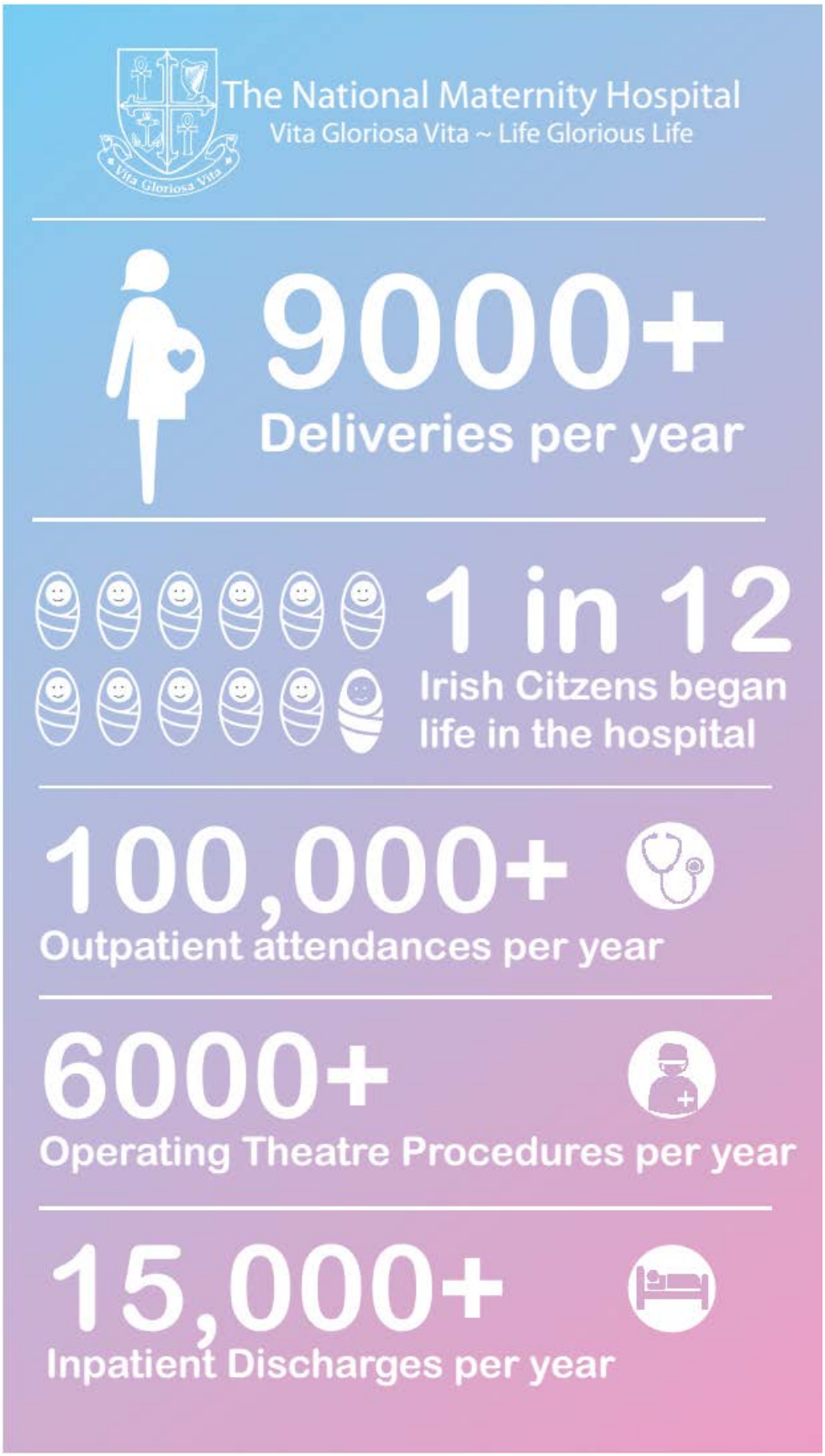
A number of national and international reports have recommended the colocation model which facilitates a modern campus approach to Healthcare where a range of medical entities operate in close proximity to increase the breadth and depth of healthcare services concentrated together. This policy is endorsed in the National Maternity strategy, published last year.

NMH to SVUH - Clinical Activity

NMH cares for over 10,000 pregnant women every year delivering over 9,000 babies annually. As such, it is one of the busiest Maternity Hospitals in Europe. It also has an extremely busy Level 3 Neonatal Unit which is a National Tertiary Referral Centre, caring for babies born at the threshold of viability and weighing as little as 500 grams. NMH is also a major centre for gynaecology with specialist areas including urogynaecology, gynae oncology, reproductive medicine and adolescent gynaecology.

At NMH, approximately 2,500 major operative procedures, 2,500 minor surgeries and 2,500 colposcopy examinations are performed every year. There are approximately 1,800 admissions to the Neonatal Unit. The fetal assessment team perform 31,000 ultrasound

scans and over 250 invasive operative procedures carried out during pregnancy per year.



Clinical Activity Overview Diagram

The activity of the hospital has become more complex in recent years. The hospital has seen a significant demographic shift in patients attending: 35% of patients are older than 35 years of age, and 38% are overweight. Increased medical comorbidity and increased requirement for operative delivery create significantly elevated risk and further the argument for the urgent requirement to provide enhanced medical and surgical care in a colocated setting.

At present in the context of severe maternal morbidity or complex disease, NMH relies on accessing intensive care and other medical and surgical facilities at SVUH. The current requirement to transfer critically ill women from NMH across the city to SVUH for the provision of vital intensive care, due to the lack of ICU facilities at NMH, illustrates the urgency with which the delivery of a new colocated hospital is required.

In addition, women are also currently transferred to SVUH to avail of diagnostic services not presently available in NMH, such as CT and VQ facilities. The creation of a campus approach to service delivery will create efficiency in terms of shared services particularly in the area of diagnostics, laboratory and pathology.

In recent years, NMH has undertaken preparatory work to enable the move of NMH to the SVUH Campus, such that at present, three-quarters of NMH Consultant posts have working arrangements that cover both hospitals in the areas of gynaecology, oncology, anaesthetics, radiology, pathology and haematology.

NMH to SVUH – Model of Care and the proposed new NMH

As noted above, there is both an existing infrastructural, policy context and clinical imperative underpinning the colocation of NMH with SVUH on the SVHG campus. The clinical imperative of safe care provision and appropriate environment has been the major driver in the design and organisation of the proposed NMH.

In particular, the clinical linkages of the new maternity hospital to the existing acute hospital have been important elements of the new hospital design and enhance the effect of the carefully considered departmental proximities within the new hospital building. Emergencies in childbirth are frequently unpredictable and can evolve rapidly with catastrophic consequence. The linkages and departmental proximities provided within the design are fundamental to the principle of colocation and will improve patient outcome by facilitating rapid transfer of patients throughout the new hospital building. Linkages, at the appropriate levels and between identified departments, ensure the safe and swift transfer of patients between the two hospitals. Additionally, the linkages ensure that staff, equipment and material can move seamlessly between the two institutions, as required. Important links included in the new design include the following:

- Locating NMH Theatre department at Level 4 with direct at grade connections to the existing SVUH Theatre department and ICU;
- Locating the Laboratory Department at Level 2 with a direct link to the existing SVUH laboratory Department;
- Direct links between NMH Radiology Department and SVUH;

In addition, the new hospital has been designed to ensure that it will link seamlessly with, and derive efficiencies from existing SVUH campus services and logistics, including (non-exhaustively):

- Campus Catering;
- Central Stores;
- Waste Management;

The clinical links, principally, but also the support service links, noted above, have underpinned the design of the new maternity hospital in terms of its location on the SVUH campus and the layout, area, form and height of the proposed building.

Due to the urgent clinical and physical restrictions at NMH set out in the preceding narrative, it has been recognised since as early as 1998 that NMH requires relocation to an acute adult hospital campus. The urgency for such colocation increases annually, as clinical activity increases whilst the existing infrastructure continues to age and decline.

Overcoming the very significant challenges in the existing hospital facility, the clear clinical need to provide safe obstetric, neonatal and gynaecological care and the potential for catastrophic outcomes in childbirth, provide unassailable argument for the relocation of NMH to the SVHG campus. The realisation of this project is an urgent requirement for women and infants in Ireland and is a key strategic priority for government.

3. Model of Care

3.1. Introduction

The colocation of NMH with SVUH involves the coming together of two of Ireland's larger tertiary hospitals on the one healthcare campus. As such it is important that there is a coherent and agreed methodology for the delivery of services on the campus and clarity with respect to the patient journey. It is the purpose of this document, the Model of Care, to fulfil such requirements.

3.2. Definition of Model of Care

A *Model of Care* is a clinical and organisational framework for how and where healthcare services are delivered, managed and organised. The term model of care covers both methods of care at the individual patient level and the clinical and organisational framework at unit, hospital and statewide level. It outlines best practice health care delivery through the application of a set of service principles across identified clinical streams and care pathways.

The *Model of Care* presented in this document is based on current best practice and evidence but, as these are organic and respond to the emergence of new evidence and standards, it will continue to change, adapt and develop in the future. There will be an ongoing programme of review and innovation allied to an institutional framework which ensures the involvement of clinicians and users at all stages. The model of care constitutes one of the fundamental elements of the operating model of a healthcare facility.

3.3. Requirement for a Model of Care

Development of the Model of Care for the operation of NMH on the SVHG campus is necessary in order that NMH might appropriately plan, design, build, furnish, equip and commission, the new maternity hospital and to allow SVUH to appropriately prepare for the arrival of their new campus partner.

Additionally, it necessary in order for NMH, SVUH and the Health Service Executive (HSE) to both plan the transfer of services to the new hospital and prepare a human resource strategy for the new hospital, including both the transfer of staff to the new hospital and the final operation of same.

Finally, the Model of Care is required in order that the required strategies and operational policies are put in place to ensure clear clinical links, responsibilities and administration for

the operation of the new hospital on the SVHG campus.

3.4. Key Stakeholders

All staff across the hospitals that will be involved in the care for women and babies and shared services staff are key stakeholders in the development and implementation of the proposed Model of Care.

The Model of Care is informed by current good practice at NMH and SVUH, national standards and policy, and by international developments in the delivery of high quality, safe maternity and gynaecological clinical care.

The HSE, the Department of Health (DoH) and the UCD faculty of Women's & Children's Health are critical partners in the delivery of maternity health care in Ireland, and in particular the area served by IEHG and their engagement will be crucial to the successful implementation of the model of care.

3.5. Philosophy and principles supporting NMH on the SVUH Campus

The philosophy underpinning the Model of Care for NMH on the SVUH campus will be to ensure the integrity of services in both hospitals are maintained whilst ensuring that the provision of care of maternity and gynaecology patients will be seamless, and collaborative, across both Hospitals.

NMH will have clinical and operational independence in the provision of maternity, gynaecology, obstetrics and neonatal services on the campus and the current clinical governance system at NMH - the Mastership model - will be retained. As noted by the National Maternity Strategy 2016 – 2026, the Mastership system demonstrates a sound governance model, operating with clear lines of accountability and responsibility.

In NMH, the Master is directly supported by an Executive Management Team comprised of a Secretary Manager, the Director of Midwifery and Nursing, the Chief Financial Officer, HR manager and Clinical Director. This creates a coherent management team and promotes balance between the clinical, administrative and financial functions of the Hospital and promotes strategic decision-making that is responsive to patient need within the resource available. The primary focus of the Executive Management Team is the day-to-day running of the Hospital, the strategic direction of operational services and the prioritisation of maternal and neonatal care within the broader health service in Ireland. The Mastership model means that frontline decision-making is close to the patient and there is rapid and clear access to the executive decision authority that is closely aligned to patients and to the strategic direction of the organisation.

The Master will be accountable to the Board of the new NMH hospital company, which provides invaluable assistance and carries responsibility for overall governance of the hospital ensuring that appropriate procedures and controls are in place. The Board presides over senior personnel appointments, the strategic direction of the organisation and compliance with statutory standards. The Board has an invaluable advisory capacity and brings a range of skill sets and expertise to the Hospital pro bono that would not otherwise be available to the Hospital.

Nonetheless, it is envisaged that the new NMH company be responsible for maternity, neonatal and gynaecological care on the SVUH campus will be owned by SVHG. Common members of both NMH and SVHG boards will ensure that the new maternity hospital will sit within a broader SVHG context so that whilst campus wide decisions will be appropriately aligned, the day-to-day clinical operation of NMH will be overseen by the dedicated NMH Board.

From a clinical perspective there will be seamless transfer of both patients and staff between the Hospitals. Everyday within Ireland patients are transferred between hospitals and the closer proximity to SVUH will have huge benefits in the transfer of patients between the hospitals and in the collaboration of medical staff in providing care.

On the campus, the Consultants with primary responsibility for care of the patient will decide what care services are required and in which location these services should be provided. There will be no contractual or administrative requirement for the patient to be " transferred" from the care of one hospital to another and the provision of care will be separate from the physical location of the patient and will based on the needs of the patient.

Both hospitals are supported by a single state insurance framework delivered by the State Claims Agency, once again underpinning the seamless transfer of patients between institutions.

3.6. Patient Centred Care and Support

In accordance with the National Maternity Strategy and the HIQA *National Standards for Safer Better Maternity Services* the delivery of services in NMH on the SVUH campus will be based on the principle of the provision of Person-centred Care and Support. This will place the woman and her baby at the centre of their delivery of care and incorporates the concept of access, equity and protection of rights.

3.7. Relationship between the Model of Care for the new National Maternity Hospital with the National Maternity Strategy[3], the National Paediatric Model of Care[4] and the National Neonatal Model of Care.[5]

This Model of Care sits under and incorporates the principles and standards described in the recently published National Maternity Strategy, National Neonatal Model of Care and, where relevant, the National Paediatric Model of Care.

3.8. Cohorts of Patients treated by the National Maternity Hospital

The cohorts of patients treated by NMH are as follows:

- Pregnant Women;
- Neonates;
- Women requiring gynaecological treatment;
  - Gynaecological oncology
  - Urogynaecology
  - Reproductive medicine
  - Benign gynaecology
  - Minimal access gynaecology

3.9. Implementation of the new National Maternity Hospital model of care

For implementation of the NMH Model of care a guidance document will be developed identifying the specific actions required, the agency / role responsible for implementation and a proposed timeline.

3.10. Principles underpinning the model of care

As per the National Maternity Strategy the vision behind this model of care will be to ensure that

- Women and babies have access to safe, high quality care in a setting that is most appropriate to their needs;
- Women and families are placed at the centre of all services, and are treated with dignity, respect and compassion;

[3] *health.gov.ie/wp-content/uploads/2016/01/Final-version-27.01.16.pdf*

[4] http://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/modelsofcare/ExecutiveSummaryfinaldraft.pdf

[5] http://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/Neonatal%20Services%20in%20Ireland.pdf

- Parents are supported before; during and after pregnancy to allow them give their child the best possible start in life.

In order to achieve vision outlined above, the following principles will underpin the service delivery in the new NMH on the SVUH campus:

- Safe care
- Women, baby and family focused care;
- High quality care delivery
- Excellent clinical outcome and good patient experience

3.11. Overall Vision for the new NMH

The vision and aim for NMH is to aim to deliver a first class quality patient focused service, by providing safe and effective care, delivered by skilled professionals in a cost effective manner. This corresponds with the mission statement of the St. Vincent's Healthcare Group (SVHG), to strive to maintain excellence in clinical care, education and research.

In order to achieve the vision described above NMH will continue to:

- Create an environment which fosters excellence and innovation;
- Ensure that their patients receive high quality, evidence based care and that their dignity and rights are respected;
- Actively promote and strengthen a culture of quality & safety throughout the hospital;
- Create a working environment in which each person is valued, respected and facilitated for personal and professional growth;
- Continue a strong commitment to education and research;
- Maximise the use of their resources and enhance strategic alliances.

3.12. Overriding Principles

In line with the National Maternity Strategy NMH will provide obstetrics patients with pathways of maternity care based on patient risk profile as follows:

- *Supported Care*

  This care pathway is intended for normal-risk mothers and babies, with midwives leading and delivering care within a multidisciplinary framework.
- *Assisted Care*

  This care pathway is intended for mothers and babies considered to be at medium risk, and for normal risk women who choose an obstetric service. Care will be led and delivered by obstetricians and midwives, as part of a multidisciplinary team.
- *Specialised Care*

This care pathway is intended for high-risk mothers and babies and will be led and delivered by specialist obstetricians and midwives, as part of a multidisciplinary team.

Gynaecology Services will be provided as follows:

- Out-patient Care;
- In-patient Care
- Day-care

Referrals to the Gynaecology Service will be via GP elective referrals or emergency referrals, depending on patient risk and morbidity.

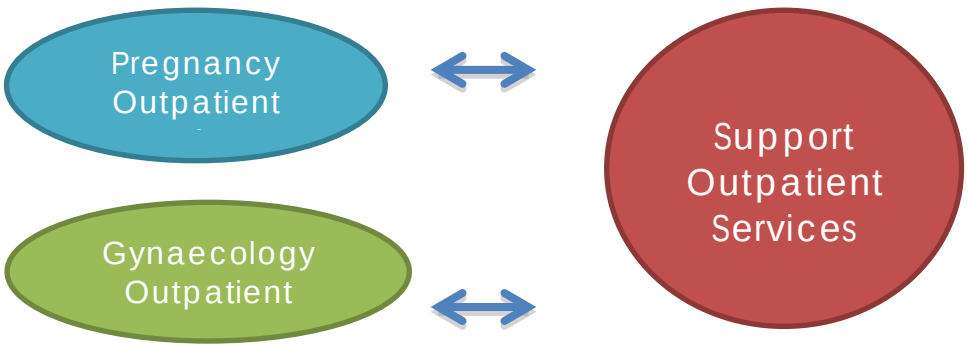
The gynaecological services provided will include

- Gynaecological oncology; Multidisciplinary approach including collaboration with the colorectal surgical speciality, radiology, physiotherapy and medical oncology.
- Urogynaecology: collaborative approach with the established pelvic floor service.
- Reproductive medicine
- Outpatient diagnostics including hysteroscopy, endometrial biopsy and IUCD insertion.
- Dedicated one stop clinic for management of menorrhagia
- Leading Irish centre for Colposcopy
- Adolescent gynaecology
- Benign gynaecology

3.13. Outpatient Services – Planned (On site)

On site outpatient services in NMH will be provided as follows:

- Pregnancy outpatient services;
- Gynaecology outpatient services;
- Supporting outpatient services



The principles guiding the provision of the above outpatient services are as follows:

Pregnancy Outpatient services;

A wide range of antenatal services will be provided, which include routine antenatal clinics, specialist high-risk clinics including maternal medicine. A multidisciplinary maternal medicine clinic for women with medical disorders will be provided and led by NMH Obstetricians across a number of disciplines, NMH clinic midwives and external consulting staff. This clinic will include disciplines such as Haematology, anaesthetics, pharmacy, cardiology, epilepsy, respiratory, diabetes etc. Additional clinics will include pre-term surveillance clinics, Hypertension clinic, a pain clinic as well as a teenage pregnancy clinic. Both low risk pregnancies and women with underlying co-morbidities will be cared for through a multi-disciplinary approach. Pregnancy support services such as Antenatal education, bereavement services and perinatal mental health will also be provided. The pregnancy outpatient service will also include a postnatal clinic for women, baby clinic (for babies needing to return for review) and access to breastfeeding support.

Antenatal Education services will be provided including:

- An early pregnancy class (1-20 weeks gestation);
- A course of five classes in preparation for labour for nulliparous women, starting at 30 weeks gestation;
- A refresher class for multigravidae;
- A refresher class for mothers who have had a previous Caesarean Birth;
- Teenage classes;
- Multiple birth classes;
- Yoga class;
- Baby care classes during the postnatal period.

NMH will provide a comprehensive ultrasound and fetal medicine service to the 10,000 plus mothers who attend the hospital, in addition to being a busy tertiary referral unit accepting referrals from health professionals from all over the country. The following services will be provided: early pregnancy assessment, first trimester screening, detailed anomaly screening, monitoring of multiple pregnancy, assessment of fetal wellbeing, amniocentesis, chorionic villus sampling, management of rhesus disease, fetal therapy (including IUT, shunt placement and laser photocoagulation for twin to twin transfusion syndrome), antenatal care for high risk pregnancies. The use of non-invasive prenatal

screening (NIPS) is a rapidly developing area and the new Hospital will provide specialist genetic services using NIPS and microarray technology.

Gynaecology Outpatient services

The full range of gynaecological and women's health services are offered within this service. These include Colposcopy, urogynaecology, oncology, reproductive medicine and adolescent gynaecology clinics. Women will have access to the various specialist clinics including: urogynaecological assessment, urodynamics, and to the range of multidisciplinary services of gynae oncology. The current services are very closely linked to SVUH particularly for oncology cases requiring surgery. The important synergies and multidisciplinary working will be greatly enhanced by the move to the SVUH campus, where all gynaecology will be provided centrally in the new NMH.

There are close community links between NMH and its General Practitioner (GP) colleagues, who provide open access clinics within NMH gynaecology clinic. GPs have the opportunity to refer women for rapid assessment and treatment of conditions such as mennorhagia, insertion of mirena coils; endometrial biopsy or ultrasound scans where appropriate. This model is evolving and greatly enhances early access to women's health services with easy referrals by GPs.

Supporting Outpatient services

Additional supporting outpatient services will be available for both pregnancy and Gynaecology service users. These include:

- Physiotherapy
- Nutrition and Dietetics
- Radiology
- Social Work
- Perinatal Mental Health

Women will be referred to the relevant required service by their caregiver as necessary.

3.14. Community Maternity Care

Off site antenatal services are delivered in NMH via the Community Midwifery Service which comprises 4 nr. Models of care:

- DOMINO (Domiciliary In and Out);
- Early Transfer Home Scheme;
- Home births;
- Mixed Risk Clinic.

DOMINO (Domiciliary In and Out)

This service will be available within confined geographical boundaries/distances. The catchment area will include south Dublin and north Wicklow. The service will be provided by a team of hospital based community midwives who care for women throughout pregnancy, birth and during the postnatal period. Antenatal appointments take place either in the hospital or in a community setting. Women generally transfer home within 12-24 hours after the birth. The community midwife continues to look after mother and baby for the first five few days at home. The Benefits of this model of care include:

- the continuity of the service for women and their partners, throughout the entire pregnancy and birth,
- the promotion and support of normal birth
- the early transfer home with the support of midwives for new parents at home ,

Early Transfer Home Scheme

This scheme facilitates mothers to go home within 12-24 hours and community midwives visit for up to seven days.

Home births

This service will be offered to women who live within the catchment area of south Dublin only. The option of Home birth will be available for women in low risk pregnancy, particularly for women who have already given birth normally in a previous pregnancy.

Mixed Risk Clinic

This refers to a combined approach to antenatal care in the community. The midwives and obstetricians work closely to provide appropriate care to women in the community clinics. The routine visits are organised by the community midwives and if complications

arise, the consultant obstetrician reviews the woman's care and obstetric ultrasounds can be performed if clinically indicated in the community.

3.15. Out-Patient Services – Unplanned/Emergency

Maternity services are provided over the 24-hour period and many admissions to the hospital are of an unplanned nature – described as *Unbooked Outpatient Attendances*. *Unbooked Outpatient Attendances* differ from typical Emergency Department attendances in an acute hospitals setting and include presentations with a variety of disorders in pregnancy including bleeding or pain in pregnancy, hyperemesis, hypertension or concerns regarding fetal movement.

NMH Emergency Department is a dedicated area within the new hospital to review such *Unbooked Outpatient Attendances* who present to the hospital, whether in pregnancy and labour, postnatally, gynaecology patients or in a small number of instances neonatal attendances.

The majority of *Unbooked Outpatient Attendances* will attend the hospital by private transport means, will enter the hospital via the main entrance during normal opening hours and be directed to the Emergency Department. During out of hours *Unbooked Outpatient Attendances* patients will be directed to the dedicated Emergency Department entrance.

A small number of patients will arrive at NMH Emergency Department by ambulance – approximately 435 nr. per year, averaging at just over 1 nr. per day. The majority of such patients are Obstetrics patients, however a small number comprise Gynaecology patients and neonates.

3.16. In-Patient Care Principles

In-patient Care is provided in NMH as follows:

- Antenatal Care;
- Labour and Delivery
- Post-Natal Care;
- Neonatal Care
- Gynaecology In-patient Care;

The principles guiding the provision of the above in-patient services are as follows.

Antenatal Care

The majority of antenatal care will be provided on an outpatient basis. Women will

generally be self referred or referred by their GP. Each mother will attend an antenatal booking clinic where her obstetric and medical history will be reviewed and she will be allocated to the appropriate antenatal care pathway for her requirements.

Each woman will have approximately 12 to 14 visits with her health care professional in pregnancy, of which approximately half will take place with the GP and half in NMH, and a routine anomaly scan is performed at approximately 20 weeks. The number of Antenatal visits to NMH will be further reduced by antenatal care provided in a range of satellite centres already in existence.

If serious pregnancy complications arise at any stage during pregnancy, women may be admitted to the antenatal ward for ongoing care as appropriate.

Labour and Delivery

Patients are admitted to the labour ward following self-referral or on transfer from the antenatal ward following the onset of spontaneous or induced labour. Once the diagnosis of labour is confirmed, patients are retained on the labour ward until delivery of their baby or babies is effected or until transfer to theatre for operative vaginal delivery or caesarean section. During labour all patients receive one to one midwifery care. Uncomplicated labour is managed by midwives while the obstetric team maintain a supervisory role and intervene when complications in labour arise or requested by the midwifery team. One of the great strengths of NMH is the close collaboration between the midwifery and obstetric team and this will be fostered into the future.

All patients in labour will be managed in the same geographical area with optimal interdepartmental proximity and ability to rapidly transfer women and babies to theatre and neonatal intensive care when appropriate. Even the most low risk deliveries can be associated with unanticipated, rapidly evolving complication for both mother and infant.

Alongside Midwifery Unit

Nonetheless, the design envisages the concept of an “alongside” maternity unit where low risk deliveries will be managed by the midwifery teams and where an individualised approach to labour can be facilitated. Should complications arise there is no difficulty accessing the obstetric, anaesthetic and neonatal teams who will attend the alongside unit directly. Patients will not be moved within the unit to access care such as regional anaesthesia and instrumental delivery. Each room will be equipped to deliver full labour room care to avoid the risk of patient transfer at critical clinical times.

A protected core of “hot lifts” will permit rapid transfer of patients to either theatre or neonatal intensive care. These lifts will not be used by the public and given the scale of the labour ward and theatre will permit faster transfer than a purely horizontal approach to patient transfer.

Postnatal Care

In the case of a normal birth, women will spend up to three days in the postnatal ward learning to feed and care for their new babies, with the support of midwives and health care assistants. The postnatal stay may be longer in the case of operative delivery. Mothers will have the opportunity to room in with their babies in single rooms rather than old-fashioned wards. On discharge from Hospital, care is continued by community midwives or public health nurse.

Operative Care

The lack of modern theatre facilities at NMH today is amongst one of the greatest challenges to the institution.

The design of the new hospital envisages 5 nr. operating theatre allowing 2 nr. theatres each for gynaecological and obstetric care and one emergency theatre which is an essential requirement, as labouring women will unpredictably require emergency caesarean section in the event of labour complication. The theatres in the new hospital will be situated together in a single theatre suite which facilitates concentration of appropriate staff, allows for consultant supervision and also practically concentrates equipment, air handling and all of the other complex utilities required in a theatre setting.

In addition, the theatre complex at NMH will link directly, at level four, with that of SVUH creating a critical connection that underpins the clinical philosophy of colocation. The new NMH theatre suite is further linked with high dependency and intensive care facilities at SVUH. Thus in the event of a serious operative or obstetric complication patients or anaesthetic or surgical staff can move directly between the units. In addition, even during routine surgical procedures the concentration of the wide range of surgical disciplines together enhances collaboration and multidisciplinary surgical care.

The colocated layout of the new NMH Theatre Suite which includes a dedicated High Dependency Unit (HDU) will enable greater flexibility in the provision of appropriate services for women as the new HDU unit is designed to allow Intensivists to deliver ICU services within the unit, in addition to in the adjacent SVUH ICU. This arrangement will revolutionise surgical and intensive care of maternity and gynaecological patients.

In addition, the new NMH theatre complex is designed to be located in close proximity to the new neonatal intensive care (NICU) facility. Several emergency caesareans are performed on a daily basis for suspected fetal distress in labour while babies with known structural defects such as complex cardiac anomaly or very preterm babies will often be delivered by planned caesarean section. In these cases, the proximity of the NICU and NICU staff to the theatre suite will be greatly beneficial and a significant driver in optimising neonatal resuscitation and enhancing neonatal care.

Inpatient Gynaecology Care

Single ensuite room facilities are provided for gynaecological patients rather than the ward system. This represents a major advance on current practice. Most patients are admitted on the day of surgery and discharged within days of their surgical procedure. The Gynaecological ward areas are connected to theatre by dedicated hot lifts which facilitate rapid access and transfer of patients.

3.17. Neonatal Services at NMH

The function of NMH Neonatal Intensive Care Unit (NICU) will be to provide specialised care for infants who are critically unwell. Most of the workload is concentrated on very preterm infants, sick term infants, and infants with major congenital malformation. The most striking feature of the design of the new neonatal unit is the provision of single cots with capacity for parents to room in with their newborn - even those babies receiving critical intensive care. This is beneficial in terms of infection control and also promoting close parenting during a baby's stay in the unit. Scandinavian studies have shown that increased handling of babies by their parents leads to improved weight gain in the early neonatal period. Some of the individual pods will have ensuite facilities to allow for isolation in the case of infection but also to provide an enhanced environment for those very sad cases in which neonatal death is anticipated.

The new NMH NICU Department will meet the following criteria:

- The unit will provide the full spectrum of specialised care to critically ill pre-term and term newborn infants
- Sufficient clinical throughput to maintain clinical skills and expertise, with a minimum of 100 infants BW <1500g and/or 100 infants requiring assisted ventilation / CPAP
- Availability of all modes of ventilation including nitric oxide
- Provision of therapeutic cooling

- Provision of parenteral nutrition
- Staffing by professionals with the necessary neonatal knowledge, training and experience to undertake complex newborn care, with all professionals clear about their role
- Provision of consultant neonatologist daily presence and on-call cover 24/7, and a separate neonatal on-call roster
- Provision of two grades of trainee neonatal staff at registrar and SHO level in either SpR or BST training schemes.
- Staffing by skilled neonatal nurses, and it is recommended that at least 70% of nurses should have a neonatal qualification
- Provision of daily paediatric radiology services, with out of hours cover for emergencies
- Provision of consultant microbiologist support with ward round attendance
- Staffing by HSCPs with an interest in neonatology, including clinical psychology, dietetics, pharmacy, physiotherapy, social work, speech and language therapy, occupational therapy, and radiographers trained in paediatric diagnostic imaging
- Provision of Clinical engineers availability both daily and out of hours
- Provision of high quality data collection on short- and long-term neonatal outcomes, and membership of the Vermont-Oxford collaborative with high quality neurodevelopmental follow-up including a Bayley's developmental assessment profile and early intervention HSCP assessment following discharge to ensure timely intervention received
- Provision of a standardised approach to care and treatment

3.18. Education

NMH will be the main undergraduate teaching facility for UCD schools of medicine and midwifery. NMH also provides undergraduate medical teaching for the Royal College of Surgeons in Ireland. In addition NMH provides teaching and training for a wide range of allied healthcare and paramedical professions.

NMH will be a large site for postgraduate medical specialist training in Ireland. The faculties include obstetrics & gynaecology, radiology, pathology, fetal and maternal medicine, anaesthetics and primary care. Improvement and safety methodology training will be core modules in the Education Programme. Senior members of staff will participate in simulation exercises alongside trainees in both the ward clinical setting and the state of the art simulation laboratory. Clinicians from all over Ireland will be able to use the training facilities to enhance knowledge and skills and comply with continuing professional development requirements. The learning and development strategy will produce skilled

staff, competent in the areas of leadership training and education and will support the continual improvement in the provision of clinical care.

3.19. Research

NMH will position itself to rank as a world class maternity, gynaecological, neonatal and anaesthetic research institution through collaborative synergies with colleagues in SVUH and in associated Universities. NMH will aim to foster research in all the aspects of care it provides to answer clinically important questions and advance care for women and infants. All models of care at the new Hospital must be subject to rigorous evaluation and outcome evaluation which is an integral part of the Mastership system. This facilitates knowledge and understanding of healthcare trends which in turn helps direct resources to optimise clinical outcomes

NMH at SVUH must be proactive in encouraging research and attracting individuals with excellent academic pedigrees in all aspects of the care it provides. This in turn promotes clinical excellence and enhances recruitment and retention of top clinical staff across midwifery and medicine.

All models of care need to be underpinned by evidence-based practice which is researched based in order to understand the disease process and the factors which contribute to the health and wellbeing of women and newborns. Providing the best and most efficient care for the women and newborns of the country will require an overarching research philosophy which will combine clinical enquiry, the incorporation of treatment and technological improvements and effectiveness evaluation.

3.20. Conclusion:

The colocation of NMH with SVUH on the SVHG campus has the capacity to significantly elevate and improve the standard of tertiary maternity, neonatal and gynaeological care in Ireland by creating a facility that has a broad range and breadth of medical and surgical services concentrated on a single healthcare campus. This will mean better and safer care for women and infants in Ireland. The current NMH facility at Holles St. is not fit for purpose and has not been for many years. The severe infrastructural challenges and limitations on that site create significant operational difficulty for NMH and provide an urgent imperative to implement current government policy to colocate NMH with SVUH.