

## APPENDIX A - SUMMARY REPORT OF THE ORAL HEARING

*Ref.: 29N.PA0024*

***Development Proposal: Construction of a 392 bed in-patient plus 53 day care bed  
National Paediatric Hospital at Eccles Street, Dublin 7.***

***Venues: All Hallows College, Drumcondra & An Bord Pleanála Offices, Marlborough  
Street, Dublin.***

***Dates: 17, 18, 19, 25, 26, 27, 28 October & 1, 2, 3 November 2011.***

### ***In Attendance:***

#### **APPLICANT**

The following persons represented the Applicant during the course of the hearing:

- Michael O'Donnell, Legal Counsel
- Jarlath Fitzsimmons, Legal Counsel
- Eamonn Kelly, RPS Planning
- Kieran Kennedy, RPS Planning
- Sean Mahon, O'Connell Mahon Architects
- Clare White, O'Connell Mahon Architects
- Ken Schwarz, NBBJ Architects
- Dermot Foley, Foley & Salles Landscape Architects
- Wayne Pearce, RWDI
- Conor Skehan, Environmental Impact Services Limited
- Shane O'Toole, Architect
- Paul Healy, O'Connor Sutton Cronin
- David Rehill, O'Connor Sutton Cronin
- Tony Horan, O'Connor Sutton Cronin
- Edward Porter, AWN Consulting
- Stephen Smith, AWN Consulting
- Dr. Martin Hogan, Occupational Health
- Paul Arnold, Conservation Architect
- Bill Hastings, ARC Consulting
- Amy Hastings, ARC Consulting
- Paul Littlefair, Building Research Establishment
- John Cole, Dep. Secretary & Chief Estates Officer, Dept. Health & Social Services N.I.
- Paul de Freine, Chief Architectural Advisor, HSE
- Dr. Emma Curtis Consultant Paediatrician & Medical Director NPHDB
- Ciara Kellet, Environmental Impact Services Limited
- Paul Heade, Project Manager

- David Murphy, Modelworks,
- Maurice Johnson, Maurice Johnson & Partners, Fire Safety Consultants
- Stuart Kyle, WYG Ireland

### **Dublin City Council**

The participants from Dublin City Council during the course of the hearing were:

- Claire Caffrey, Senior Planner
- Padraic Fallon, Senior Planner
- Dick Gleeson, City Planner
- Ali Grehan, City Architect
- Kieran Gallagher, Deputy City Architect
- Gerry Doherty, Drainage Division
- Eoghan Madden, Roads and Traffic Department

### **PRESCRIBED BODIES**

The following prescribed bodies came to the hearing and were represented by the following:

#### An Taisce

- James Nix
- Kevin Duff

#### The Heritage Council

- Colm Murray

#### Railway Procurement Agency

- Rory O'Connor

#### Department of Arts Heritage and Gaeltacht

- Dr. Frederick O'Dwyer

### **OBSERVERS** (who made submissions during the course of the hearing)

- Mary W. Gallagher on her own behalf and also representing: Rita A. White, Terry I. Mallin, Clare Fallon, Patricia Fennelly, Morris Family, Patricia O'Connor & Anne Coll;
- Eamonn Smyth;
- Donnachadh M. O'Riordain;
- Blend Residents Association represented by Pauline Caddell and Valerin O'Shea;
- Grangegorman Residents Association represented by Pirooz Daneshmandi;
- Berkeley Environment Awareness Group represented by Irene Bent;
- Shandon Residents Association represented by Peter Murray;
- Ruadhan MacEoin;
- The Irish Land Trust represented by Ian Lumley;
- National Conservation and Heritage Group represented by Damien Cassidy;
- Peter Sweetman;
- Mountjoy Square Society represented by Mary Laheen, Architect;

- Tallaght Hospital Action Group represented by Richie O'Reilly and Triona Murphy
- Mater Private Hospital represented by Rory Mulcahy B.L.& Niall Haverty;
- Tony Barry & Others represented by Nicholas Mulcahy of McCutcheon Mulcahy
- New Children's Hospital Alliance represented by Dr. Roisin Healy, Dr. Fin Breathnach, Ciara Gilmour & Dr. Roisin Hayes;
- Dr. Desmond Duff;
- Sinn Fein represented by Deputy Sean Crowe;

\*Irish Georgian Society (informed me that they proposed to read the written submission already received by the Board which I stated was not necessary).

### **Additional Observers**

The following persons became observers during the course of the hearing:

- Manus Coffey & Associates represented by John Hayes
- Cllr. Emer Costello & Deputy Joe Costello
- ACRA and Transport Users represented by Tom Newtown
- Noel Smyth represented by Tom Walshe

**NOTE 1:** All of the proceedings of the Oral Hearing were recorded. This record is my summary and comprises a brief synopsis of the proceedings as I consider appropriate, comprising an overview of the material presented to the hearing. The hearing took 10 calendar days to complete.

**NOTE 2:** In the interest of expediency the two days of questioning of the Applicants witnesses and the closing submissions have been typed and are in the enclosed volumes.

**NOTE 3:** The assessment in my main report makes reference to details submitted in evidence at the Oral Hearing.

**NOTE 4:** For a list of prepared texts and other submissions given to the Inspector at the Hearing see the end of this appendix. These submissions have been numbered and references to same in the outline below directly relate.

## **OPENING OF THE HEARING**

A detailed agenda was provided to each participant prior to the hearing which was compiled following the preliminary hearing which I held on the 5<sup>th</sup> October 2011. This agenda set out the order of proceedings. This agenda is enclosed in the pouch. There was very little deviance from this agenda during the hearing. At the preliminary hearing I advised all parties that submissions should not repeat what was included in the submissions already received by the Board. I requested that the applicant's submissions should avoid repetition of the application documentation and address the matters raised by the observations received by the Board.

## **PRESENTATION BY APPLICANT**

The applicant's presentation commenced on Monday 17<sup>th</sup> October and finished on the afternoon of the 19<sup>th</sup> October. The following is a summary of the presentations.

**Eamonn Kelly** commenced the applicant's presentation with an **overview** of the proposal and the application documentation which involved a summary of the planning report submitted in Volume One of the application.

A joint submission was presented in respect of **architectural design and healthcare planning** by **Sean Mahon** and **Clare White**, O'Connell Mahon Architects and **Ken Schwarz**, NBBJ Architects in four parts. The introduction from **Sean Mahon** set out the scope and objective of the proposal and noted that the design incorporates measures taken to create uniquely tailored environments for children and their families.

**Claire White's** submission sought to address matters relating to the design of the hospital and site planning of same. Compliance with a number of the key objectives in the LAP was set out. In relation to the LAP it was stated that the scale of the proposal was envisaged with a building of substantial height anticipated. The masterplanning process was set out in detail as was the site configuration options assessed. The key design principles were stated to be critical care adjacencies, emergency access requirements including helicopter access, support services, arrival/public realm and pedestrian connections and permeability each of which were detailed. Permeability was stated to be addressed by means of three routes. Concept options for the designs were then outlined (tower, cluster, linear). Impacts likely to arise in respect of residential amenity, visual impact and impact on protected structures are outlined. In relation to the matter of delivering the brief it was stated that it's the development of the inpatient ward areas and capacity for horizontal flexibility that differentiate the three options from each other with the tower and cluster options having similar problems with provision of horizontal flexibility. The approach taken to height was outlined developing on from the LAP's indicative diagram with street onto Eccles Street 4 storeys rather than 6-12 in the LAP with the displaced volume from Eccles Street incorporated into main

ward block at core of the site. The creation of a number of distinct architectural forms was outlined.

**Ken Schwarz** set out the important needs of a children's hospital which include being efficient, family friendly, sensitively design and uniquely tailored to the wide range of ages. The design concepts were outlined which involve a stacking diagram which is a fundamental element of the design. The aggregation of the elements were also outlined which comprise the Eccles Block, Podium, Pavilions, therapy gardens, residential block and special amenities. The design features proposed, referred to as visualisations, are outlined and include the design of the Eccles Street façade, the entrance plaza, use of 'suspended petals' inspired by moving sculptures providing strong wayfinding. It was stated that the podium has a simple rectangular shape indicative of the regular cluster of the high-tech diagnostic and treatment spaces within. The pavilions add, it was stated a more lively façade and are shaped to increase window area. The residential block was designed to respond to both clinical needs and the creation of an object that would make a positive contribution to the skyline with a wide range of approaches to the external form explored. It was considered that the shape chosen sits most favourably on the skyline.

**Sean Mahon's** presentation detailed the hospital design layout and outlines the applicants brief which set out the requirements for the new facility. The submission then details each floor and its components. It was noted that the emergency department which is one floor below Eccles Street but at ground (NCR) with Adult ED and ambulance yards. The submission detailed hospital circulation and wayfinding as well as the entrance details and arrangements and the purpose of each of the levels and the adjacencies. The submission set out the building fabric materials and details for each of the elements of the building which was stated to provide more detail than submitted. It was concluded that the applicant has no objection to the inclusion of a condition requiring the full written agreement of the planning authority to the details and assembly of the external materials and fabric within the facades. In relation to urban design and impact on the city it was stated that the building form was designed precisely on the basis that it is visible within the city. Reference was made to 'kinetic views' which were included in the English Heritage publication (May 2011) 'Seeing history in the view - method for assessing heritage significance within views' the premise of which is that the views change as the observer is moving. Animations of views including Eccles Street, Hill Street and North Great George's Street were introduced at this point to demonstrate same. It was stated that, given the importance of the building, that it is appropriate that it is visible in view from the Main Street in the city. The changing nature of the city and the recent additions to same were set out and it was concluded that the design has been developed to ensure it will become a positive public landmark.

**Dermot Foley's** submission on **landscape and open space design** stated that they sought to create a high quality, diverse and usable suite of public and shared private open spaces, a therapy park and a new entrance forecourt compatible with historic streetscape materials. The triangular park is not within control of the applicants, it is noted. It was stated that there is one north-facing Therapy Park terrace affected by shade but majority of spaces are south/south-west/west facing. Wind microclimate issues were also set out and it was noted that all of the roof spaces are designed to allow permeable paving. A large meadow habitat is proposed at level 5 with nesting for swift and swallows facilitated subject to infection control. A wide range of planters are proposed to facilitate mature trees.

In response to a question from the New Children's Hospital Alliance, a table of the open spaces within the proposal was presented which also included information on the orientation of the spaces and the users.

**Wayne Pearce** dealt with the **wind microclimate** and noted that section 9.6 of Volume 2 of the RIS set out the likely impacts. It was stated that the wind microclimate in the receiving environment for the existing site would be suitable for sitting, standing, leisure and business walking and roadway use with the same range of activities covered with the proposal in situ. The landscape proposals include elements (tall glazed balustrades, pergolas/screens/tree planting) to achieve an appropriate micro-climate at therapy park levels. Table 9.6 of the EIS summarises changes in wind conditions before and after the proposal taking pedestrian activity into account.

**Conor Skehan** provided a submission on **EIS methodology and alternatives** and noted that the EIS was presented in grouped format structure with an outline of alternatives set out, interactions and cumulative effects presented. In relation to alternatives it was stated that at each level alternatives were systematically and sequentially considered. The environmental effects of the high level decisions made were considered in the SEA of the LAP. Alternatives were also considered it was stated in the masterplan and site plan and environmental effects were evaluated and integrated into the detailed design. It was stated that alternatives were considered at policy, strategy, site selection, brief development, local area plan, masterplan, site plan and building design. It was stated that it is critical to note that environmental effects were identified, assessed and adopted in the LAP as part of a statutory public process. Reference was made to Article 94 of the 2001 Regulations and the requirement in respect of alternatives and the alternatives considered in the EIS were outlined. In relation to alternative sites it was stated that the Joint Task Force considered six alternative sites with a further study of alternatives in the Clinical Review.

**Conor Skehan** also dealt with **Landscape and Visual Impact** and in respect of key findings noted that the skyline of the north inner city will be significantly altered by a

visually prominent and distinctive structure which will be conspicuous when viewed from many locations and that these changes are the result of the government decision to locate the proposal at the Mater, hospital design factors and LAP provision for the tall structures comprising the residual effects. It was stated that while upper portions of the proposal would be visible over a wide area this is limited to views from the uppermost windows and critical to note that views from street level occur over a significantly smaller area. The limited visibility of tall structures within inner city areas was referred resulting from visual enclosure caused by buildings on the side of streets. A visual analysis was presented (Fig. 2 & 2a) to illustrate the confinement of the visual effect with the ground levels identified which have a potential view with an analysis of a 14 rather than 16 storey alternative with reduction in visibility indistinguishable. It was stated that when considering the effect on the existing historic urban centre that it is not static with Dublin City having experienced significant change of fabric and appearance. Views of O'Connell Street were used to demonstrate the constant changing nature of the streetscape with the city experiencing constant change. It was stated that the extensive and constant change which challenges the received wisdom of the integrity or age of the historic city centre will continue. It was stated in relation to visual amenity of adjoining residential areas that impact decreases with distance and consistent with the provision of the LAP with residual impacts limited in proportion to the overall benefit the proposal brings. It was stated that the views presented illustrated the range of worst case visual impacts.

**Shane O'Toole** presented an **architectural appraisal** of the proposal primarily responding to the questions and issues raised in the Heritage Council's submission to the board. Reference is made to the complex and problematic field of hospital design. It was the considered opinion of the author that the design concept is the correct one for the brief and site elevating the position of sick children above all else with wonderful views better than any penthouse. Reference is made to every age creating new monuments for new times with some of the existing symbols of the city controversial in their day. It was stated that the children's Hospital is a major institution worthy of making a significant architectural statement with the design proposed of sufficient quality to fulfill this role. In respect of Dublin's candidacy for World Heritage site designation it is noted that being inscribed on the UNESCO list has not precluded several European cities from erecting buildings that dramatically change the unique character of the area with examples provided at Graz, Austria, Bruges, Belgium and Amsterdam, The Netherlands. It was stated that the proposal will have impacts on many city views and significant impacts on some but it is not clear that these would negate the possibility of Georgian Dublin being inscribed in the list.

**Eamonn Kelly's** submission dealt with planning policy and it was stated that the proposal accords with the provisions of national, regional and local planning policy. The submission sets out the Development Plan core strategy, economic policy issues,

responds in respect of policy to concerns raised about site suitability and overdevelopment with particular regard to the objectives set out in the LAP. In relation to height specific mention of section 17.6.1 of the City Plan was made which is the relevant policy document, it was stated, in addition to the high building criteria. The matter of policy relating to height was outlined in detail. The submission deals with matters raised such as urban form with particular reference to the indicative masterplan for the site (Fig 2 pg 76 of the LAP). Residential amenity impacts, community gain and monitoring/liaison were also addressed as was the architectural heritage with reference to key site objectives (5&6) in the LAP. The zoning of the site was addressed as were development standards such as plot ratio and site coverage and site permeability. Other matters addressed in included traffic, Metro North, local employment, development contributions with reference to the charitable status and construction issues. Reference was made to the recommendation of Dublin City Council to the Board confirming its support for the proposal. A response was also set out in respect of national and regional policy and the proposal's compliance with same.

**Paul Healy** presented a submission dealing with civil and structural engineering which included reports prepared by colleagues the full statement of which is included as appendices 1, 2 & 3 to the submission with the submission delivered providing the main findings in respect of the structural design of the building, soils, geology and hydrogeology and material assets – water and drainage. Matters relating to issues raised by the Mater Private were subject to ongoing discussion. In relation to water flow, it was noted that the 1m potential reduction in ground water level is within the seasonal variations experienced at the Mater. The water and drainage conditions proposed by Dublin City Council were noted as being acceptable to the applicant. In keeping with principles of Sustainable Urban Drainage System the proposed storm water system will have a tiered approach to storm water management. The discharge of foul sewage to the combined sewer system is the usual and most appropriate system to discharge into in this area. The combined sewer in NCR will be relieved of flow during period of otherwise peak flows.

**David Rehill's** submission dealt with construction related matters and the outline construction strategy which it was stated is the precursor to and forms the basis of the Construction Management Plan. The proposed construction sequence was outlined with a detailed outline of same in Appendix A. The proposed hours of construction are Monday-Friday 07.00-18.00 and 08.00-14.00 Saturday with no deviation unless in exceptional circumstances with prior written approval of the Council. To comply with strict vibration limits certain piling works on the eastern boundary may be required to be carried out outside of core hours which reflects the position adopted in Metro North. A derogation was requested for such exceptional works. Appendix B set out a table of potential impacts, mitigation measures and the residual impacts throughout the 3 stages (diversion of services, enabling works and main contract). Appendix C set out the

proposed construction haul routes with 7 no. trucks for excavation disposal predicated to access and depart the site per hour.

**Tony Horan's** submission dealt with traffic and transport matters and outlined the key issues which were included in Chapter 13 of the EIS including the methodology used which was agreed with the City Council (Roads), baseline traffic counts were undertaken as well as baseline junction modeling and assessment. Potential impacts were assessed including the quantum of car parking to be provided which included a multi-factor analysis. This was outlined in detail. Trip generation was expected to be 10,000 person trips per day. It was stated that due to the limited amount of parking to be provided on site for staff that the modal split for this group is 13%. Peak vehicle trip generation was set out as were mitigation measures which included a mobility management plan with a modal split for car drivers of 33%, a shuttle bus service and signaling of Berkeley Road – Eccles Street junction, NCR at entrance to facility with widening of NCR and signaling of Eccles Street entrance. Reference is made to international and national sustainable transportation and development policies which are designed to decrease reliance on car based travel. Exemplar hospital sites were outlined and the 1.83 paediatric multiplier was set out. Parking was stated to provide sufficient spaces and not to over provide with adequate provision made for patients, families and key staff. A detailed outline of how the modal split was derived was outlined. It was stated that peak hour traffic will comprise mostly staff who will favour public transport.

Reference was made to travel time surveys carried out to determine the time it would take to get from various junctions on the m50 to the Mater site. The matter of emergency access to the site was also considered with reference to the means by which emergency vehicles negotiate the road network. Other matters which were addressed related to the loss of parking spaces on Eccles Street as well as the creation of further difficulties for local residents in respect of parking. In relation to matters regarding dependence on Metro North it was noted that the proposal cannot be considered premature pending the operation of same. In respect of curtailment of bus services it was stated that there are 23 bus services within a five minute walk of the site. (A report outlining the bus services was subsequently submitted). Other matters relating to public transport were addressed including amendments made to the design of bus stops (Drwg No. N87-SK16). The matter of traffic congestion was discussed in detail and stated that the modeling undertaken showed that the network can accommodate the proposal with the addition of a second access point on the NCR relieving the Eccles Street access. Advanced directional signage on the road network including the M50 was proposed. Other matters addressed included event management traffic planning (Croke Park), TCD study in relation to Tallaght, unsustainable transport, mobility management plan, pedestrian facilities, car park ramp causing congestion on Dorset Street, finishes to public areas and upgrades to the NCR (amendments since application made discussed with DCC and included in Drwg. No. N87-D-SK17).

**Edward Porter** dealt with **air quality and climate** and stated that a dust minimisation plan would be formulated to minimise construction activities. Operational phase emissions were possible from traffic-related emissions but levels of traffic derived air pollutants would not exceed ambient air quality standards. Mitigation measures for the construction phase as outlined in the EIS are stated. Impact of the development in terms of, PM<sub>10</sub>, PM<sub>2.5</sub>, CO and benzene was negligible with NO<sub>2</sub> slight adverse.

**Stephen Smith** provided a submission in respect of **noise and vibration** and set out the construction phase mitigation measures to control noise emissions which included a 8m high noise barrier erected around the north, east and west boundaries of the construction site and a 3m high solid hoarding along Eccles Street with these and other measures included in the Construction Management Plan to be prepared. The operational phase would be mitigated by providing noise attenuation to building services plan and employing a 'no-sirens' policy for emergency vehicles unless necessary when on site. A more specific noise condition than that suggested by Dublin City Council was recommended. It was not expected that the movement of trucks on Eccles Street would generate any significant levels of vibration.

**Dr. Martin Hogan** provided a submission on the impacts on human health from air quality, aspergillus and noise with overlaps from other submissions with no significant health affects considered to arise. In respect of aspergillus, it was stated that the added risk associated with the proposed construction should not pose a significant threat provided the National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis during Construction/Renovation Activities, 2002, are applied. No ongoing adverse effects either in construction or operational phases from noise were predicted. Sleep disturbance was not anticipated as no night time work proposed.

**Paul Arnold's** submission on architectural heritage firstly set out the key issues considered to arise in relation to architectural heritage as outlined in the EIS including impacts and predicted residual impacts. It was stated that the impact has been assessed with a model used to identify location within the city where the structure may be visible. It was noted that visibility from street level on the south side is limited with building prominent along O'Connell Street, not visible from the Wellington Monument and dominant on the Guinness Storehouse. It was noted that the assessment carried out is generally consistent with May 2011 English Heritage guidance on the assessment of new buildings on historic views. The impacts on protected structures and streetscapes in the vicinity were included in the EIS. The site, it was stated, lies outside of the core area of the Georgian core identified in the Plan with the buffer zone concept considered to be of relevance.

The scoring system used in the EIS was explained in same. In relation to aims and objectives of the LAP which were taken into account it was noted that the generally the impacts were assessed as adverse. The impact on the Leo Street area noted as level 3 indirect adverse given the impact of the Adult facility. It is stated that most impacts have been assessed with the proposal not visible from Parnell Square, within necessary setting of the Four Courts, King's Inn when viewed from Constitution Hill with glimpses within Phoenix Park. It is noted that the building will be visible in varying degrees from settings including Prospect Square, Royal Canal Conservation area, St Joseph's Church, Blessington Basin with negligible impact on Christchurch. It was concluded that the issues identified have been addressed in the EIS. Some additional detail was provided in respect of s.14.5 of the EIS with a number of additional views submitted (King's Inns, Custom House) with a summary of impacts on Conservation Areas, ACA's and proposed ACA's outlined in a table.

**Bill Hastings** provided a submission on sunlight and daylight access of residences surrounding the site. It was stated that the impacts of the presence of the proposal on daylight in the area would be very small. It noted that for most of the day, throughout the year, shadows from the proposal would be confined to the hospital campus and would not impact on residential areas. Shadows from the proposal would have a significant negative impact on houses at the south end of the Leo Street area on mid-summer evenings for a limited period of time. During winter shadows from the proposal would spread north through the area. It was stated that due to the existing shadow environment and the reducing length of the day that the extent of the impact of the shadows would reduce.

**Paul Littlefair's** submission in respect of solar glare and light spill noted that reflected discomfort glare to dwellings would be negligible due to dwellings facing northern face which would rarely reflect sunlight with dwellings. Solar reflection at further distances would be isolated when the sun is very low. Disability glare to motorists would be negligible except at Eccles Place with mitigation proposed by way of low reflectance glass. The impact of night time spill would be possible at Leo Street but would be within recommended guideline. The building is not proposed to be floodlit at night

**John Cole** provided a submission related to **co-location** and planned tri-location addressing the wider strategic issues relating to the advantages to the close location of major facilities. It was stated that the policy of co-location is now almost taken for granted in terms of current thinking related to the strategic planning of health facilities with examples provided of plans for the Royal Victoria in Belfast where it is proposed to re-provide the maternity and Children's hospital as a physically integrated facility linked to the acute hospital on the site. A new South Glasgow Hospital is proposed bringing all

three hospitals together. The newly complete Brighton Children's Hospital previously standalone has been relocated with the acute and maternity facilities.

**Paul de Freine's** submission outlined the **history and origins of the proposal** from the 2001 Department of Health and Children policy document which recommended a review of paediatric services be undertaken. Deficiencies in existing facilities were outlined in respect of Temple Street and Crumlin. The 2006 McKinsey report key recommendations were outlined as was the process of site selection and particularly the report of the Joint Task Group the purpose of which was to recommend the optimum location. The key advantages of the Mater site from a planning and development perspective included demonstrable planning clarity, relatively clear site, quicker delivery, future availability of Temple Street with the Mater site chosen as the proposed location and same endorsed by Government in June 2006. Following this decision RKW consultants were appointed to prepare a high level framework to describe the model of care, operational policies, the capacity and functional content of the proposal. A 2007 KPMG report undertook a review of maternity services and recommended one should be tri-located with the new paediatric hospital at the Mater. Reference as also made to the LAP for the area (2008) and the establishment of the National Paediatric Hospital Development Board (2007) who took the RKW brief to prepare a definitive brief for the site and created a project brief setting out the definitive requirement. O'Connell Mahon were appointed after a procurement process in December 2009. The submission concluded with an overview of the Independent Review commissioned in May 2011 following which a decision was made by Government to proceed with the subject application.

**Dr. Emma Curtis's** submission related to **clinical input and patient experience** in the project and noted that the design of the project has been clinically led with the NPHDB facilitating the development of the model of care document in 2009. The submission outlined in detail the likely operation of the facility from how the patients may arrive to their experience within the proposed facility and the operational objectives of same. For example, it was noted that 180-190 patients per day are forecast to attend the Emergency Department c.50% of which coming between 12.00 midday and 20.00 with the current average discharge rate at 84%. Annual attendance in the outpatient department is forecast at 143,000 children (600/day/48 weeks/5 days) with 29 different medical and surgical specialties. The average overall occupancy rate for inpatient beds is 85% with 70% in critical care. It was stated that there would be up to 750 medical students attending the hospital annually and noted that space would be identified and prepared for the installation of a PET scanner in the future. It is stated that the role and importance of the pharmacy was likely to increase in the coming years. The submission referred to a 2009 review of clinical activity in the 3 emergency departments where it was noted of the 106,460 ED attendances; 88-91% arrived by car. Protected spaces for those attending the ED are provided in the proposal.

**Ciara Kellet** provided a submission on **human beings** which referred to the key issues in respect of human beings as set out in the EIS and mitigation measures relating to same. The history of hospital and medical uses in the area were noted as were the temporary impacts likely during construction with longer term local impacts noted including loss of sunlight and changes to views. In response to issues raised in submissions and responses it was stated that whilst there will be an increase of people in the area this is expected to have a direct and positive impact on the area. It was stated that this area is already characterized by medical uses without impact on the building stock in the area. The site of the proposed development is derelict with the proposal creating a street façade. Reference was made to the assessment and mitigation of impacts on residential amenity as set out in the EIS. Proposal upgrades children's healthcare services in the State.

**Paul Heade's** submission dealt with public consultation, public participation and community gain. It set out the engagement with local residents association from 2009 and an overview of the process from the first meeting with local residents in February 2010 is provided. The community advocate funded by the applicants was described with same issuing a community gain report which outlined a list of community gain proposals and concerns. The concerns raised by residents were outlined which it was noted have been included in observations. Community Gain was outlined noting that the proposal itself is such a gain with a positive knock-on effect on the area. It was stated that the applicant are committed to a community gain programme to enhance the local vicinity. A list of the proposals considered positively was set out which included employment for local residents (5%) and provision of an insurance scheme for damage to property. Those not considered feasible were also set out such as designation of streets for residents only parking. A condition relating to the setting up of a community liaison committee was proposed and includes the establishment of a community gain fund to support facilities and services to the amount of €1m.

#### **QUESTIONING OF APPLICANT**

Questions were put to some of the applicant's witnesses by Dublin City Council, a number of the prescribed bodies, some of the observers and by myself as follows.

**Dublin City Council's** questions related to design elements principally related to architectural finishes.

**An Taisce's** questions included matters relating to the design and layout of the facility from a medical/clinical perspective, the standard of proposed facilities when compared to current facilities and the movement of patients to access facilities. The breath of facilities to be offered in Tallaght as per clinical review was questioned with reference to project splitting and use of Tallaght due to space constraints on core site. Questions

were also posed in respect of neo-natal care and the relocation of the genetics service. The matter of SEA related to the decision process to locate the proposal at the Mater was questioned, alternative sites and cost benefit analysis. The matter of Crumlin Hospital's development plan and proposals for its future use was the subject of questioning as was fire safety. The building as an anomaly was questioned as was the matter of the scale of the buildings presented to the hearing in Shane O'Toole's evidence. Questions were asked in terms of parking, provision and control of same with the Dublin Bus provision in the area requested and questions were put in relation to the helipad.

**The Heritage Council's** questions related to the design of the building and its ability to withstand extreme weather conditions, to the consideration of environmental factors in site selection, the residual effects in terms of the visual assessment, questions were put to Mr. David Murphy of Modelworks in respect of the base map which was used for the visual impact assessment/ZVI/visibility map and related assessments and to the areas it does not cover to the north and west. Questions relating to Dublin's candidacy as a world heritage site and to the impact of the proposal on same were posed as were questions regarding the impact of the proposal on the character of the city. The concept of buffer zones in world heritage sites was questioned as was the architectural quality and scale of the proposal particularly in respect of the character and scale of the city.

**Mary W Gallagher** on behalf of herself and other residents posed questions in relation to the impact of the proposal on the residential amenity and overshadowing, the visibility of the building, pedestrian access routes and the regeneration of the area. Questions were also posed in relation to the impact of pile driving, noise and vibration, construction truck movements and destination of material, hours of construction, parking and traffic and congestion, lift access in the facility, fire safety and means of escape and multi faith facilities on site and job creation/staff redeployment.

**Mr. Eamonn Smyth** outlined his familiarity with the proposed development and posed questions in relation to the representation both numerical and geographical of local community members on the propose Community Liaison committee.

**Blend Residents Association's** related to weather events and impact of same, construction impact on properties, design year of the building, future proofing and expansion and relocation of uses. Questions were posed in relation to the meaning of landmark in the context of the proposal, the bus routes in the vicinity and the benefit perceived to the local community of the proposal. Further questions related to community gain and the impact on Christchurch and choice of views for the montages as well as queries relating to the heights and area/floorspace of existing buildings on site.

**Berkeley Environment Awareness Group** posed questions relating to the composition of the Community Liaison Committee and to the suggested opening of the Four Masters triangular park opposite the Old Mater.

**Tallaght Hospital Action Group** posed questions relating to car parking provision for patients and staff, access to parking and access to the site of the proposed development. Questions were also posed in relation to access to and from the mortuary, fire safety in relation to location of the kitchen, artificial lighting and the status of the Tallaght ambulatory and urgent care centre. Other matters put to the applicant included the proposal for a paperless hospital and the helipad, the use of Temple Street as an expansion space and access for ambulances, possibility of overnight beds in Tallaght.

**New Children's Hospital Alliance** posed questions relating to the type of research proposed within the indicated space in the facility, possible use of the education space as an expansion area, location of the emergency department and access to same and the nature of the rooms and natural light in the emergency department, age of patients to be seen at the facility. Questions were also posed in relation to the planning process for the Tallaght facility and the nature of the facility, future use of the existing facility in Tallaght, co-location as a determining issue. In addition there were questions on the choice of notional sites in the Clinical Review, co-location with maternity as an ideal, Dr. Schmerling's perception of the Mater as a university campus, use of a scoring system to select the site, role of the review team and health property network, information made available to the review team and the size of the site. The observer sought details on the proposed Maternity Hospital, ambulance access, crèche facilities, pedestrian/vehicular conflicts at access to car park, drop off facilities and turning movements to access the car park. Details were also sought in relation to extent and location of open spaces, the width of pedestrian routes and open space around the building, chart facilities.

**Dr. Desmond Duff's** questions referred to the timing of the helipad and access from same to the intensive care unit, location and capacity of the accommodation for families, width of car parking spaces, Metro North and timing of construction and impact of Metro North construction on patients. In addition questions were posed about the use of the Temple Street site as an expansion area, location of generators in the basement and risk of flooding.

**Inspector's** questions related to location of staff parking, the floor to floor heights of each floor and rationale for same, examples of instances where UNESCO world heritage status had been threatened. I also posed questions as to why some of the key views in the City Plan were not used as the viewpoints for the montages, terminology used in visual assessment, professional planning input at site selection stages, use of a weighting/matrix system for site selection, operation of two access/egress points for

way finding on the road network and percentage of car drivers in mobility management plan, allocation of staff parking, reference to the May 2011 English Heritage document, impact on views from upper floors of buildings and reference to the requirement to assess citywide views.

#### **PRESENTATION OF DUBLIN CITY COUNCIL**

Dublin City Council's presentation was given on Thursday 27<sup>th</sup> October 2011 with a summary of the submissions outlined as follows:

**Dick Gleeson's** submission provided an outline of the strategic evolution of the Mater site and stated that following the Government decision to locate the facility on the site that initial volumetric assessments were made as to the capacity of the site to accommodate the quantum required and the process of making the LAP was commenced. It was stated that the twelve plus storeys in the LAP make it absolutely clear about intent to locate the facility on the site and it was stated that it is clear that a building of this scale could not be hidden and would register as a marker on the city skyline. The main objective was therefore to design a building that would be as beautiful as possible and relate best to its context. The key policy support for the proposal was outlined. The urban structure of the city was set out and noted that despite a unique design heritage the North Georgian core has failed to reposition itself strategically. Medicine is seen as an economic engine for the area within a statutory delivery framework with education the engine at Grangegorman supporting each other creating a regeneration axis. A research and scoping framework funded under planning gain of c€1m to underpin a baseline study of the North Georgian core was suggested.

**Paraic Fallon** set out a response to the observations received as they related to the planning objectives and provisions in the City and Local Plan and set out the context within which the LAP was developed with the proposed development a key driver of same. It was stated that the LAP does not provide prescriptive development management standards to the Mater site which makes it an exception having regard to the provisions that apply to other sites. The LAP does not impose a maximum plot ratio on the site which is again considered exceptional. This position was stated to be qualified by the need to take due regard to the established historic character of the adjoining building etc. Provisions of the LAP in relation to indicative form and structure should be considered flexibly. The Plan does not include a maximum height in relation to the 12+ storeys compared to provisions in relation to Mountjoy which refer specifically to building heights with a maximum of 50m. There is no reference in the text relating to the Mater to a maximum height and it was stated that the Mater has been provided with exceptional provisions in relation to development management standards. Some concern was raised in relation to residential amenity with further mitigation suggested. The requirement of tall buildings to deliver planning gain is addressed in respect of the challenges posed by the proposal in respect of meeting

certain key landmark objectives in the LAP particularly relating to local and city wide impacts with the proposal sought in respect of the funding of a study on the North Georgian core expressed by way of a proposed condition.

**Kieran Gallagher's** submission on behalf of the City Architects stated that there is consensus regarding the need for economic regeneration in this area of the City and proposals potential for social, economic and physical regeneration. It was stated that the scale of the proposal is of a dramatically different order of scale to that in the area with a key issue the appearance and impact of the building's form on the skyline and historic setting. In order to become the necessary ornament on the skyline further design development is necessary. It was stated that the civic nature of the building is intrinsically linked to acceptance of the buildings height, scale and consequent visibility with its function justifying its visibility but would not establish a precedent. The visual impact on important vistas and streetscape settings and World Heritage designation raised by Conservation Officer but considered that dereliction and marginalisation of the area also a threat. City Architects assessment of proposal referred to design criteria in City Plan applicable to tall buildings and within context of its purpose and national role.

It was stated that the opportunity to integrate the proposal with the historic context and significant elements of the original Georgian landscape has not been fully realized. In relation to the North Georgian core and WHS it stated that further assessment is outstanding with NIAH interim survey provides opportunity to develop multi-disciplinary understanding. UNESCO's multi-disciplinary approach for adding contemporary architecture to historic cities may provide way of assessing mitigation measures of the impact of the proposal on the city context. In relation to detail it is stated that the success of the building relates to the detail design and construction and in key design decisions relating to the architectural treatment of the ward block. Further information showing more detail of architectural treatments and maintenance of quality would be welcomed with observations on the ward block set out.

**Gerry Doherty** provided a submission responding to observers comments on drainage and stated that the Drainage Division will require the applicant to implement surface water attenuation and sustainable drainage systems on the site. In combination with attenuation on site devices such as rainwater harvesting and green roofs would be an improvement on the existing situation of hard surfaces with no attenuation. It was noted that the improved management of stormwater will assist in reducing the risk of flooding. A detailed drainage plan showing separation of foul and surface flows and the use of surface water attenuation and sustainable urban drainage systems would be required for written approval.

**Eoghan Madden's** submission referred to recent discussions with representatives of the applicant in relation to concern raised about the NCR and are now satisfied with the

works proposed to the NCR with DCC namely the introduction of additional traffic lanes and a new signalised junction. It was stated that the number of car journeys to the facility can be successfully accommodated on the existing road network with traffic conditions in the inner city improving during the off-peak period yielding lower journey times. The NTA accessibility analysis for the Mater shows 900,000 persons are within 1 hour of the proposal using only public transport and notes the excellent accessibility of the site. It was stated that the restrictions in car parking available to employees would result in a high proportion being undertaken by public transport. Subject to proposed modifications including signaling Eccles Street/Berkeley Road and improvement to Eccles Street the local road network has the capacity to accommodate the proposal. Much of current traffic congestion is caused by lack of off street parking for the adult hospital. It was stated that the crucial issue relating to parking is to prevent staff from accessing spaces needed for the public with the car parking management plan submission addressing the issue. It was noted that the Mater Private with 850 full-time staff have 22 spaces on site. Modal split of 13% well below 34% in the city centre. The proposal introduces tough demand management techniques for staff complying with the Government's smarter travel document. Further bicycle parking beside NCR access is requested.

**Conditions** – three separate submissions were presented in respect of conditions. In relation to the community gain condition proposed by the applicant the City Council stated that they would not be in a position to manage the fund and considered the management of the financial arrangements proposed is a matter for the applicant in accordance with similar arrangements for Aviva and Croke Park stadiums but is prepared to be a party to the arrangements. It was suggested that such funding such be on a criterion driven basis similar to funding under the Integrated Area Plans. The City Council requested that financial contributions under Section 48 and Section 49 (metro levy) be applied. A number of waste management conditions were proposed relating particularly to the construction phase of the proposal. Two separate conditions were proposed in respect of the refinement of the design of the ward block and the external materials and finishes.

#### **PRESENTATION BY PRESCRIBED BODIES**

The following is a summary of the presentations provided by the four prescribed bodies who attended the hearing and which were heard between Thursday October 27<sup>th</sup> and Friday October 28<sup>th</sup>. The applicant did not seek to question the City Council or Prescribed Bodies but a right of reply was afforded to the applicant following each submission (which follows each submission on the record). Observers were invited to clarify matters where such was considered necessary.

#### **Department of Arts, Heritage & the Gaeltacht**

Dr. Frederick O'Dwyer reiterated the first and concluding paragraph of the Department's original submission to the Board. In relation to the proposed heritage study fund sought by Dublin City Council, Dr. O'Dwyer noted that the NIAH survey had commenced for the Dublin area and is funded and rolled out by the Department and while liaising with the City Council there is no request for funding or a contribution for same from the City Council. Dr O'Dwyer confirmed that his Department is responsible for the World Heritage Site proposals and listing.

The **Railway Procurement Agency's** submission stated that the co-location of the hospital campus and the metro stop represents best practice in integrated and sustainable land use and transport planning. There has been close liaison with the applicant throughout both projects to ensure construction and operation of both is seamless given the significant interfaces. Relative timing of projects remains uncertain and if hospital proceeds first, close liaison required to ensure impacts of metro stop on hospital operation minimised. Principles of co-operation have been agreed and drafting of a formal agreement is largely complete. Requested that the board adds proposed condition No. 1 requiring agreement on mitigating factors and Section 49 metro levy be applied.

**An Taisce's** first submission (Kevin Duff) in respect of visual impact set out the proposal in the context of development in the city in the last 15 years with reference to new build's in Temple Bar and reference to larger developments such as Smithfield which it is stated lost the consistent and coherent scale for which the City is renowned. Proposals in recent years from the Digital Hub and Sky Park in O'Connell Street were referred. Reference was made to the photomontages and lenses used particularly distortion created by wide angled views. The proposal encroaches on one of the key views in the City Plan (O'Connell Street). Absence of a view from the Kings Inns Park is a significant omission with the maps showing the proposal would be visible. The proposal was stated to be unlike anything added to the skyline of the city and a new departure in scale and mass with the proposal was compared to Brussels and the Centre Monaire in particular with its 4-storey base and sprawling 12-storey section on top adjacent to a historic street. Examples provided by Shane O'Toole from European World Heritage sites are not comparable in scale. Dublin will not achieve UNESCO designation, it stated, if this proposal goes ahead.

**An Taisce's** second submission (James Nix) stated that a cost benefit analysis to meet the criteria set out in Chapter 12 of the National Development Plan has not been submitted, noting that the Board makes decisions based on this Plan. Reference was made to the SEA Directive which requires an environmental report identifying the likely significant effects and reasonable alternatives with no such report carried out in 2006 of the Joint Task Group Report. The 2011 review, it stated, included some review of locations but no environmental report. It was stated that the SEA process is non-

compliant by reason of two recent cases Cala Homes and Seaport Investments. It was stated that an outline of alternatives as required by the EIA Directive has never taken place with the leading case *Klohn v An Bord Pleanála* (2008) which was set out and considered in light of the proposal and it is noted that the pre-planning consultations (below) do not appear to be cognizant of the requirements under EU law and the approach not in compliance. Alternatives were presented by way of the expansion of Crumlin (2008 Site Feasibility Study) and while not co-located it was stated that it presented a medium term lower cost solution. The management of emergency spaces was questioned and it was stated that the parking study does not take parking in the streets surrounding Crumlin into account and working hours of medics often not conducive to public transport. A possible alternative site located between St John's Road and St Stevens Hospital close to St James Hospital and Heuston Station owned by the OPW/HSE and served by mainline rail and LUAS was outlined. The matter of helicopter access and future use of Crumlin was addressed.

Appendix 1 of the submission provided an opinion on the matter of alternatives as they are considered to be addressed in the minutes of the pre-consultation meetings noting that the Board were originally strongly concerned with the applicants approach but became less tied to its original position and concluded that the discussion wound up with what appears to be both sides requesting each other to obtain legal opinion.

In **response** the **applicant** presented a copy of a montage taken from the park at Kings Inns. In addition Mr. Shane O'Toole responded by stating that the applicants reject the attempt to associate the pejorative term Brusselsisation with the proposal and do not consider that use of the term is fair or measured. It also noted that despite giving its name to the term, that Brussels has three of Belgium's ten world heritage sites which include groups of building (La Grand Place) and individual buildings (The Palais Stoclet).

**The Heritage Council's** submission stated in relation to scale that maximizing the potential of the site should not mean no limit to the amount of development or that the clients brief was a more important planning consideration than the proper planning and sustainable development of the area. It was noted that the arguments in favour of the scale have their origin in meeting the medical requirements of the brief. Reference was made to the SEA Directive with the 2006 decision of the Department to choose the location not having been strategically assessed for its environmental impacts with no environmental report. It was stated that the uncertainty about the quantum of space needed led to the open ended nature of the 2008 policy provision in respect of scale. Quantum of space envisaged in indicative layout of 2008 LAP c. 80,000sq.m with the extra 18,000 sq.m in the proposal not envisaged in environmental report for the LAP SEA with conflict between the proposal and other strategic environmental objectives. It states that there is a failure to consider alternatives in the EIS with the constraint placed by May 2006 decision acknowledged. Reference was made to the role of the city's

church spires in the delineation of routes through the city with particular importance of St George's Church with the proposal disrupting the roofscape decorum. It was stated that architectural quality requires times to make a mature and objective evaluation with images shown of a 1978 publication (O'Beirne).

It was stated that the Heritage Council is of the view that the integrity and authenticity of Dublin as a candidate World Heritage Site ought to be a major material consideration in this case. It considered that maintaining the integrity of Dublin as an historic urban landscape means critically assessing the indirect impact of the development on various heritage assets across the city and evaluating the weight these ought to be given. Reference is made to recommendations made by UNESCO in relation to the Historic Urban Landscape with the emphasis from same considered to be the valuing of the receiving environment by experts and locals. The World Heritage Site status is not the only reason, it considered, why the conservation of the historic landscape should be an important consideration. The absence of a weighting to the impacts is noted and while not physically impacted it is the cultural value which is at stake. What are considered particularly negative impacts on the setting, symbolic reading or cultural meaning of protected structures, ACA's and their setting are listed. A map referenced as a 'Heritage Assets Map' was submitted. Reference was made about the need for properties nominated on the World Heritage List to satisfy the conditions of integrity. The submission considered that the assessment of setting was not assessed correctly with the May 2011 English Heritage Guidance referred. Reference was also made to the indirect consequential impact of the proposal on the economic functioning of the area.

#### **PRESENTATION OF OBSERVER SUBMISSIONS**

The following provides a summary of the submissions (not in order of presentation) presented by Observers between Tuesday 1<sup>st</sup> November and Thursday 3<sup>rd</sup> November 2011. The applicant did not seek to question the observers but a right of reply was afforded to the applicant following each submission. I have not outlined each response herein other than where a written submission was presented in response.

**Mary W. Gallagher** made her submission on her own behalf and also on behalf of **Rita A. White, Terry I. Mallin, Clare Fallon, Patricia Fennelly, Morris Family, Patricia O'Connor & Anne Coll**. The submission stated the proposal is complete overdevelopment of this relatively small site with four hospitals envisaged for the site with a world class facility requiring space. Concerns were raised in relation to fire safety and evacuation procedures with reference to the absence of escalators and the meaning of horizontal evacuation. Emissions likely to arise from the cars in the underground car park cause concern. The future use of the three existing hospital was questioned with concern raised over expansion and size of the hospital and the issue of the helipad. The need for regeneration and issue of dereliction was considered to be insulting with much of the area well-tended with the Council's proposals in relation to the 4 Master Park

(triangular park) confusing. It was stated that the applicant's contention that residents had received extra garden space is incorrect and it is considered that the proposal for community gain, the fund and/or the City Council's proposed heritage study, was confusing. Concern remains over the likely overshadowing and overlooking of the other hospitals. The parking situation was stated to be a nightmare.

**Eamonn Smyth's** submission referred to the ongoing engagement with the Mater Hospital and now the applicant as a local resident. It was stated that the residents of Leo Street should receive particular attention and assistance. It was requested that the applicant's team come up with imaginative ways to assist those most disadvantaged with a fear that the money would be spent on a communal folly. It was requested that influence may be borne to resolve the matter of additional garden space. The message from some residents who support the proposal due to the economic situation prevailing was conveyed. Other residents not as enthusiastic with fear shared that Nelson St. would not be represented on the proposed Community Liaison Committee and places sought for 8 local residents on the committee so as not to be outnumbered by other parties. Nelson St. residents requested confirmation that the proposed CCTV to be sited at northern end of Nelson St would cover the street for 24 hours. Opening of the triangular park, it was stated would lead to unsocial behaviour and requested that the park remains closed.

**Donnachadh M. O'Riordain's** submission focused on the direct impacts on local properties in the vicinity of the site noting that paramount to the design is respecting Eccles Street with accommodation zone shockingly invasive to properties on Leo St with aesthetic wishes of non-residential buildings given greater importance. The reference to a changing O'Connell St not representative as none of the building dwarf the other. The applicants have not mitigated, in their proposals, the height of the building with reference to localized impact not considered to be less important. The impacts from overshadowing noted with privacy concerns not addressed by glazing or blinds with the precedent created by permitting such a building raised. The car parking provision not sufficient for daily trips to the facility with parking for locals difficult particularly with Croke Park and outsourcing of operational responsibility for car park raised concerns with parking for staff likely to be sought on adjacent streets. Many issues of concern for residents such as height and location were not open for compromise at consultation meetings with mere lip service given to proposals for Community Gain in the report by the community advocate. Assertions regarding additional back garden area incorrect. The LAP discussions were held as a representation of reaching agreement with proposal significantly taller than the 50m maximum height in the Plan.

**Blend Residents Association** represented by Pauline Caddell and Valerin O'Shea presented two submissions. The first (P. Caddell) outlined the difficulties encountered by local communities living in such close proximity to the existing hospital complex with

services in the area tailored to the hospital and not the community. It was stated that while planned without dependence on the Metro its role was emphasised at meetings with the stop located at the Mater rather than in Phibsborough village as suggested by residents. Matters relating to parking were outlined including the level of existing parking used by the hospital off-site, the current shuttle service and details of buses serving the area. The traffic report does not include reference to the proposed maternity hospital. Reference was made to planning and consultation including the absence of consultation in the site selection process as was the impact of the proposal on the amenity of the new Adult Hospital. The LAP process, rationale for same and opposition to the height included in the Plan was outlined. Concerns in respect of the consultation process were outlined. The matter of the deleterious impact of piling from previous work on the Mater site to a house at May Cottages was outlined with assurances provided to the contrary. It was noted that the knowledge of local people of their area has been disregarded. Reference was made to views from the upper floors of buildings of architectural merit and stated that reference to several international and European charters had not been addressed.

The second submission (V. O'Shea) outlined an examination of the circumstances that lead to the decision to locate the proposal national children's hospital at the Mater. Reference was made to the McKinsey report, the Joint Task Group and the response of the Mater to the briefing document particularly the scope of the site and the planning policy in the previous City Plan ('05-'11) including plot ratio and height. A critique of the Joint Task Group report was set out with the capacity to accommodate the proposal not demonstrated and speed delivery a flawed deciding factor. The number of planning applications lodged on the site was stated to be a burden to deal with for residents. Concerns were raised about how the size of the site was expressed. The submission outlines the proposal in the context of national, regional and local policy with reference to the Metro being central in guaranteeing a very high level of accessibility to the proposal (Transport 21) with the proposal contrary to the zoning objective (Z15). Objectives in the City Plan and LAP relating to height and other related matters such as open space, 'key objectives', landmarks are outlined which are considered to be disregarded/contravened. It was stated that nowhere in the LAP provides specifically for a building over 50m. Environmental impacts relating to human beings, sunlight, visual, road, traffic and transportation and architectural heritage are set out. Further consideration is then provided on the matter of compliance with objectives in respect of height and it was stated that the LAP does not provide for the maternity hospital on the site. Matters raised by Dublin City Council in respect particularly of LAP policies and height were refuted and the impact on the architectural heritage was further outlined. The failure to assess alternative sites was outlined and the absence of consultation with planners/addressing planning matters at stages during the process.

**Grangegorman Residents Association** represented by Pirooz Daneshmandi made a submission which stated that Eccles Street is already very congested with the Metro effectively abandoned with congestion getting worse for local communities. No provision is yet made for a helipad with traffic and transport studies not including the Maternity Hospital. It was considered that the location of the open spaces is undesirable and unsuitable most of the year due to weather conditions. Reference was made to research showing higher buildings cost more to build, run and demolish. The size of the site to accommodate such an amount of services and without any space for expansion was questioned. The provision of only one access from Eccles Street was criticised.

**Berkeley Environment Awareness Group** represented by Irene Bent referred to increased traffic and noise pollution with parking for residents considered to be a nightmare. Reference to local traffic made by Dublin City Council was questioned. It was stated that the Four Masters Park does not lie within the applicant's landownership and its incorporation is outside the scope of the proposal. It was stated that opening of same would not be a community gain as it would lead to anti-social behaviour and it was requested that it would remain closed. The local community objects to the height and overdevelopment of the site.

**Shandon Residents Association** represented by Peter Murray noted that the LAP implementation committee was never advised of any on-going consultations relating to the design of the building or the masterplan. It was stated that the LAP required that the policy set out in the city plan is part of the basis for assessing tall buildings. Disagreed with the applicant that the proposal complied with the LAP, with aspects of the LAP chosen to justify the scheme which is contrary to a range of objectives in the LAP. LAP envisaged a range of buildings in a campus style environment with major pedestrian through route. If the proposal is permitted the Board it should state that the LAP is contravened. Impact on waiting times for pedestrians due to increased delays was outlined with additional traffic detracting from the area. Visual impacts, overshadowing, rat running, noise (helicopters and ambulances) and parking were also outlined. Community funds for Croke Park and Aviva are on-going and unlimited in terms of duration not a once off payment and proposed fund should be increased. Sum needs to compensate for the key site objectives not provided and the mechanism the LAP implementation committee. It was proposed that a financial contribution be attached for the improvement of the public realm in the village centre and towards the development of home zones given heavily trafficked nature of area and increase in traffic likely. A special contribution towards upgrading of Doyle's corner is necessary as is a pedestrian and cycle audit and contribution towards upgrade of same is necessary. Allocation of separate funds towards homezones was proposed.

**Ruadhan MacEoin's** submission related to the proposal, as set out in Fine Gael Press releases from 2007 to reopen the Phoenix Park tunnel and to the advantages that same

would provide to the proposed development. The focus of the submission was the need to make the most effective use of the extensive transport infrastructure in this densely populated area of the city. It was stated that a condition should be attached to the proposal requiring that a railway station to service the proposal at Cross Guns is opened. The board, it was suggested, should ascertain the status of the negotiation between Dublin City Council and Irish Rail on the opening of the station.

The **Irish Land Trust** represented by Ian Lumley considered the proposal to be contrary to planning and architectural heritage policy. Reference was made to the matter of alternatives as considered in the EIS and to SEA and to what is described as European comments on the SEA guidelines and in particular to the matter of alternatives. It was stated that the proposal and site selection process would be a plan which warrants SEA and was not resolved by LAP SEA. Reference was made to decisions to refuse permission by the Board where proposals were supported by an LAP (PL24.237997) & (PL17.233330). It was stated that the proposal would impact adversely on the setting of an ACA and other landmarks in the vicinity and would be contrary to the Architectural Heritage Protection Guidelines (s.13.8.3). The matter of the World Heritage designation sought was outlined in detail and to buffer zones which are mentioned in the Operational Guidelines for the Implementation of the World Heritage Convention (Jan 2008) where s.103 refers to buffer zones. Reference was made to the controversy which arose in respect of a proposal in Vienna and the threat to the world heritage site with the issue arising in Vienna similar to the proposal at the Mater. The impact on the Kings Inns was specifically mentioned and noted that the view taken by the applicant included an extensive area of trees and not representative of impact on the setting with a closer view required.

The **National Conservation and Heritage Group** represented by Damien Cassidy read the submission already received by the Board into the record and continued with an oral submission which related principally to the location of the facility in Dublin with reference to the previous Governments decentralisation policy and proposal to move out of Dublin. The matter of traffic congestion existing at present and likely to be exacerbated and the problems considered to arise in respect of access were also outlined particularly for those outside Dublin. Concerns were outlined in respect of the scale and height of the proposal on high ground and the architectural heritage of the area.

**Peter Sweetman's** submission related to the assessment obligation set out in Section 172(1) of the 2000 Act as amended by s.54 of the 2010 Act with an obligation to undertake an investigation and analysis to reach as complete an assessment as possible of the direct and indirect effects of the project. It was noted that the obligation to take into consideration information gathered by the competent authority is a separate duty. It was stated that the obligation must be discharged in its entirety prior to the

development consent with prior to development conditions not permitted. Reference is also made to the requirements if more than one authority involved. It was also stated that the assessment obligation must be discharged in a transparent and objectively verifiable manner with an informed observer able to understand how the obligation has been discharged and the reasons for a decision by reference to the assessment obligation. The use of the term observer was criticised given that participants are participating in EIA procedure.

**Sinn Fein** represented by Deputy Sean Crowe provided an oral submission which related primarily to access and reliance on proposed infrastructure such as Metro North. Reference was made to the access times to the facility with trips undertaken by different routes from Tallaght to the proposed site with the car quickest at 52 minutes with 1 hour 12 minutes by LUAS from Tallaght Square to Abbey Street. Concern was raised about getting sick children to the proposal within the golden hour and to the absence of overnight beds in the southside of Dublin. If permission is granted it was requested that more frequent public transport is provided for staff with a direct bus and the time of the starting of bus services to get staff to the hospital on time.

**Cllr. Emer Costello & Deputy Joe Costello's** submission stated that they broadly support the decision to locate the proposal at the Mater but concerns relate to the scale of the proposal. LAP it was stated was required to provide for the proposal in a planned way and to provide a framework with parameters. While 12+ storeys was allowed in LAP no drawings were provided at the time and it was considered high buildings should be elegant and should comply with the high buildings requirement in the Plan and specifically objective LK4 of the LAP objectives. It was stated that the understanding of the Councilors was that the buildings would not exceed 50 metres, would not take up the entire site and would be slender and this was the framework within which the agreement on height was reached. The proposal before the Board was not envisaged by the Councilors or local community with the proposal impacting adversely on the residential amenity of adjoining properties with the absence of mitigation noted. The impact of the proposal on the cityscape was outlined. Disappointment was expressed in respect of the consultation process and community gain proposals. Reference was also made to the conditions proposed by Dublin City Council Members with support for same. The need for integrated planning and the context within the LAP was derived, in respect of the historical development of the site and its context, was further outlined by Deputy Joe Costello as was the need to go back to the drawing board with the proposal. It was stated that the future of Metro North would have a major impact on the proposal.

**Manus Coffey & Associates** represented by John Hayes presented a submission dealing with fire safety and sets out the authority understanding of the requirements of a hospital noting the smaller the footprint for a single fixed area facility the greater the

risks to users. It was considered that rather than being built to a set of written safety standards that the design should exceed all standards and incorporate all known experience. The submission outlined a list of investigations which the author was involved in which highlight design issues. The matter of hygiene was also outlined with design features provided. It was stated that a helicopter site should be remote from the entire hospital complex with the Mountjoy complex suggested. It was suggested that the issues of architectural heritage and its influence on the Dublin skyline should have no influence on the design with the sole overriding purpose to protect and care safely for sick children. The limited footprint and confinement of future expansion to that footprint was stated to be short sighted. Suggested alterations and minimum alterations necessary to the design concept were provided and the use of the proximate Mountjoy site suggested.

The applicant presented a written response to Mr. Hayes' presentation which was heard on Wednesday 2<sup>nd</sup> November with submissions provided by **Maurice Johnson** and **Stuart Kyle**. Mr. Johnson stated that the fire safety strategy for the hospital had been developed in accordance with the recommendations of Health Technical Memorandum 05-02: *Guidance in support of functional provisions for healthcare premises: Firecode – fire safety in the NHS* and on the basis of several consultations with the Senior Fire Officer for the area. It was stated that the code is based on the principle of progressive horizontal evacuation which is outlined in detail with details provided in response to the matters raised by Manus Coffey. It was concluded that the applicant is entirely happy with the fire safety design which will fully meet fire safety legislation. Mr. Kyle responded in respect of the engineering services strategy and how it provided for key resilience measures in the design of the facility.

**Mountjoy Square Society** represented by Mary Laheen, Architect made a submission which was accompanied by images. It was stated that the proposal contravenes City and LAP polices in respect of high buildings and architectural heritage. Contradictions in evidence provided by the applicant in respect of the impact on protected structures and settings of structures in the area and mitigation of same were noted with particular mention of St. George's Church, O'Connell Street, Mountjoy Square and Belvedere House. It was noted that the applicant's evidence to the hearing states that there will be an adverse visual impact on key views, streetscapes and landmark buildings. Reference is also made to the response of the City Council and their request for funding for research on the North Georgian core and noted that Mr. Arnold's impact assessment is the most comprehensive document on this area and concludes that the impact was adverse. The study for which funding is sought was considered to be contradictory and noted that regeneration as sought by the City Council brought about in many ways with reference to the legislative powers of the Council in respect of dereliction. It is noted that world heritage status in itself would act as a catalyst to regeneration. Eccles St it was noted is not included in North Georgian core but was stated to be one of the prime

residential streets in the Gardiner estate and crucial to the urban set piece. A comparative analysis with accompanying drawings was outlined with the proposal compared comparatively to the buildings outlined by Mr. O'Toole for the applicant and reference to the scale of the proposal was provided.

The **applicant** in response presented their comparative analysis in respect of the scale of the proposal which included a side profile of the proposal.

**Tallaght Hospital Action Group** represented by Triona Murphy and Richie O'Reilly noted that the primary function of the building is to function as a hospital and not to be a landmark, bring employment or advantages to an area. It was stated that the issues of accessibility and parking have not been adequately addressed. Reference was made to the Irish Association of Emergency Medicine statement in 2008 that there was a need for two fully functioning 24 hour A&E's one southside and one northside. The number and control of parking spaces was refuted with no information provided on how staff from existing hospital will access the new facility. The matter of the absence of a helicopter pad was outlined. It was stated that the physical constraints of the site have compromised the quality of the facility with clinical synergies referenced. The steady increase in birth rates in the country was noted as not having been addressed. It was stated that no site has yet been agreed for the Tallaght urgent ambulatory care centre with a review of the extent of services to be provided there requiring review. Legal constraints placed on the site by the owners were outlined as were the difficulties outlined by former CEO Philip Lynch and noted that the Mater was not considered a suitable site for a regional oncology centre due to inaccessibility.

**Mater Private Hospital** represented by Rory Mulcahy B.L. stated that they support the proposal and concern related to the potential adverse impacts its construction may have on patient welfare and services at the Mater Private in terms of noise, air and dust, vibration, settlement and traffic. Early engagement was had with the applicant to address issues of concern. Reference was made to the impact assessment of the basement construction of the Mater Private. Reference was made to a joint statement prepared on behalf of the applicant and the Mater Private which concluded that no adverse impact from using the haul route is predicted. The Joint statement referred to the use of the RPA haul route as the principal route and to the predicted magnitude that would arise and the vibration risks of same to the Mater Private which would not cause vibration tolerance within the hospital to be exceeded.

In **response the applicant** presented a series of documents including Supplemental Mitigation Measures which included the Joint statement referred to by the Mater Private above. It also included a document entitled supplemental mitigation measures which included 36 additional measures which relate to noise and vibration, ground movements, traffic and transportation and other issues. Appendix 1 attached provides

details of sensitivity bands. Appendix 2 is an agreed protocol for alarm handling and medical emergency. Appendix 3 is a plan of the access and set down at Eccles Street. Appendix 4 provides trigger levels for movement at MPH Construction Joints with a technical note entitled Dust/PM<sub>10</sub> assessment based on the RPA haul route and a technical note entitled noise impact assessment of the RPA haul route. Letters of consent from the MMCUH, RPA, Mater Private and Dublin City Council are included.

**Tony Barry & Others** represented by **Nicholas Mulcahy** of McCutcheon Mulcahy and **Dr. Michael McDermott**. **Mr. Mulcahy** sought to address the key aspects for further review and development as identified by the 2011 Independent Review Group. Issues regarding the clarity and cohesiveness of the model of care were outlined including the scope and role of the AUCC at Tallaght, the role of ICT and the provision of helicopter access. A number of matters relating to hospital design and medical adjacencies were set out and noted that the maternity hospital should be developed as soon as possible after the Children's facility. The potential to accommodate expansion on the site was questioned and considered to be seriously limited. Concerns remain it was stated in relation to modal split and its implications for traffic flows and car parking provision with reference made to achieving a staff modal split of 13% and the implications of same vis a vis the existing Mater staff modal split and the potential for occupying patient spaces. Car parking is further considered in relation to the City Plan requirements with a requirement to understand the entire Mater complex in terms of staff, bed spaces and parking provision necessary. The adequacy of the manner in which alternative sites are addressed in the EIS were also outlined.

**Dr. Michael McDermott** noted that many of the difficulties faced by the applicant (NPHDB) were made before it was established such as decision to locate the site and the location and scale of facilities. The central part of the submission from Dr. McDermott related to the Tallaght component as envisaged and the significance of the facility to the function of the Eccles St hospital. The second model of care was stated to be more specific but still short. It was stated that while the hearing related to the Eccles Street site that it is one component of a facility built on two sites but Tallaght facility not within remit of the applicant and its role and branding was stated to lead to possible confusion. The operational difficulties perceived were outlined in detail.

**New Children's Hospital Alliance** represented by **Ciara Gilmour, Dr. Fin Breathnach, & Dr. Roisin Healy** presented three submissions. **Ms. Gilmour** outlined the major issues that affect families travelling to Dublin for tertiary care. This included reference to the national role of the hospital and that of those travelling from outside Dublin that almost all will be tertiary care patients. The difficulty of travelling with a sick child was outlined as was the difficulty in attending appointments at the Mater on previous occasions. The importance of access to and availability of parking and the width of spaces were raised.

Other matters considered of significance and which were addressed were accommodation for parents and families and outdoor space.

**Dr. Breathnach** focused on site location and referred to the historical context within which the proposal was developed and to the McKinsey report and the assessment criteria of same. Reference was made to the absence of paediatric medical input in the Task Group and the absence of a model of care, cost benefit analysis, to the misinterpretation of the McKinsey report, maternity hospital co-location not considered, no scoring system and no public consultation. Reference was made to a radiation oncology report prepared 17 (Jan 2005) which reported on the optimum location for radiation oncology services and which included a scoring system with the Mater last of 5 sites. Co-location was also addressed which was preferred by McKinsey it stated but insisted upon by the Task Group. The absence of a Genetics centre was considered a disappointment with serious concern expressed regarding inability to expand on the site. Vertical dependency raised concerns and it was stated that the Alliance was not reassured by parking provision. The stress experienced by families in hospital environments was outlined.

**Dr. Healy** referred to elements within the second part of the Clinical Review including the expansion of adult services at the mater, alternative sites none of which it was noted were considered and to correspondence regarding an 'ideal site'. A weighted scoring system as applied in Glasgow was suggested as an appropriate mechanism. Matters relating to site and design issues were outlined including expansion, the impact on the site/complex, design features including air quality, wind, light and glare, light and overshadowing. Access matters were raised including access from the NCR and construction of the ramp, emergency department access and set down, use of parking facilities on site by the Mater Private. Absence of analysis of emergency access to Temple Street was noted as was requirement for analysis of ambulance access times. Concerns were raised regarding the design of the emergency department, absence of a facility for genetics which is outlined in detail. The care required for staff, parents and the bereaved were set out with concerns raised in relation to access to the mortuary and the level of parent accommodation. It was noted that rather than creating jobs, the consolidation will reduce and displace employment. It was concluded that the site at Eccles St has not the capacity to fit the needs of the future.

**Dr. Desmond Duff's** submission dealt primarily with the location of the proposal, co-location and noted that there is a failure to recognize that the national genetic service needs to be on the NPH site. The matters of access and parking were outlined in detail noting the difficulties with access and parking for consultants with cross city appointments and staff currently working in Crumlin or Tallaght with commutes. It is stated that the majority of staff on site would be nurses with easy access to safe and secure parking essential. Reference was made to other Children's hospitals in the UK,

Australia and the USA where parking provision is far in excess of that proposed in the subject proposal.

**ACRA and Transport Users** represented by Tom Newtown provided a submission relating principally to transport matters with reference to the need to avoid the doughnut planning effect of residential use moving out of the city centre. Areas such as the Mater area require high density development in order to combat urban sprawl. Higher density development in the city also reduces carbon footprints and keeps travelling costs down. The proposal is not in the most appropriate location as sites such as this are required for high density residential development. The proposal should be located, it was stated, in a wide open area away from the congested centre with the Peamount Hospital site proposed as a suitable site with easy access and ample space. Reference was also made to the circle plan proposed by the group. It was stated that the car must be recognized as an important mode of transport for hospitals with catchment area of this hospital the entire country.

**Noel Smyth** represented by Tom Walshe stated that Mr Smyth supports the provision of a world-class facility in Dublin and is willing to assist on any site that is objectively chosen and considers that an objective comparison has not yet been undertaken. The Independent Review Report 2011 explicitly did not run a site selection process and considered that difficult area of site selection avoided. It is considered that the EIS before the Board is inadequate and request the Board consider the adequacy in the context of consideration of alternative locations. Reference to EPA Guidance in respect of public infrastructure wrongly interpreted as site selection process which chose mater not sort of higher authority envisaged in the legislation. Implications in EIS that co-location is a must meet represents a more extreme position than was stated in the McKinsey report. Do not agree with applicant that authoritative, systematic and comprehensive consideration of alternatives had been established as stated in the EIS as review team report failed to achieve this. The applicant failed to undertake an expansion of the rationale contained in the McKinsey report.

### **CLOSING SUBMISSIONS**

Closing submissions were provided by the following:

- Tallaght Hospital Action Group
- Mary W Gallagher
- Tony Barry & Others
- New Children's Hospital Alliance
- Dr. Desmond Duff
- Blend Residents Association
- Grangegorman Residents Alliance
- Irish Land Trust
- Heritage Council

- Cllr. Emer Costello
- An Taisce
- Dublin City Council
- The Applicant

#### **CLOSING OF THE HEARING**

I concluded the hearing by informing all present about the closing date for receipt of applications for costs, by thanking participants and stating that I would prepare a report and recommendation for the Board who would determine the application.

Una Crosse

**Senior Planning Inspector**

XX January, 2012

## **APPENDIX B – SUBMISSIONS RECEIVED AT ORAL HEARING**

A complete schedule of copies of prepared submissions to the Oral Hearing and other references given to the Inspector throughout the hearing is set out below.

### **From the Applicant during course of their submission:**

- Overview of Proposal and Application Documentation with accompanying copy of slides, drawings and illustrations – Eamonn Kelly,
- Submission on Architecture and Healthcare Planning with accompanying copy of slides, drawings and illustrations – Sean Mahon, Clare White, & Ken Schwarz
- Submission on Landscape and Open Spaces – Dermot Foley
- Submission on Wind Studies and Microclimate – Wayne Pearce
- Submission on EIS Methodology and Alternatives – Conor Skehan
- Submission on Landscape & Visual Impact Assessment with accompanying copy of slides, drawings and illustrations - Conor Skehan
- Architectural Appraisal with accompanying photos – Shane O’Toole
- Overview of Planning Policy in response to Third Party Submissions with accompanying copy of slides, drawings and illustrations - Eamonn Kelly (& Kieran Kennedy).
- Submission on Civil and Structural Engineering – Paul Healy
- Submission on Air Quality & Climate – Edward Porter
- Submission on Noise and Vibration – Stephen Smith
- Submission on Occupational Health – Dr. Martin Hogan
- Submission on Construction Related Matters with maps of construction haul routes – David Rehill
- Submission on Traffic & Transportation with accompanying copy of slides, drawings and illustrations – Tony Horan
- Submission on Architectural Heritage with additional Views – Paul Arnold
- Submission on daylight and sunlight access with accompanying report on impacts of shadows cast – Bill Hastings
- Submission on Glare and Light Pollution – Paul Littlefair
- Submission on Health Policy with accompanying set out drawings – John Cole
- Submission on Health Policy – Paul de Freine
- Submission on Health Policy with accompanying drawings – Dr. Emma Curtis
- Submission on Human Beings – Ciara Kellet
- Submission on Public Consultation/Participation & Community Gain – Paul Heade

### **Additional Submissions received during course of the Hearing from the Applicant**

- Response to An Taisce submission by Shane O’Toole
- Drawing No. N87-SK16 – Eccles St access and setdown to Children’s Hospital
- Drawing No. N87-D-SK17 – North Circular Road access and setdown to Children’s Hospital
- Table of Open Spaces with the Proposed Development (Foley & Salles)
- Submission on Current Dublin Bus Service Details
- Copy of Judgement in Klohn v An Bord Pleanála 2004 554 JR
- Copy of Photomontage View No. 37 Kings Inn’s
- Response to Fire Safety Submission (John Hayes) – Maurice Johnson & Partners
- Response to Fire Safety Submission (John Hayes) – Stuart Kyle, WYG
- Drawing of buildings/landmark comparisons (O’Connell Mahon)
- Supplemental Mitigation Measures in response to Mater Private Hospital which includes:
  - Supplemental Mitigation Measures;
  - Sensitivity Band Drawings;
  - Alarm Handling;
  - Drawing N87-SK18 - Eccles St access and setdown to Children’s Hospital
  - Trigger Levels for Movement
  - Technical Note – Dust/PM<sup>10</sup> Assessment based on RPA Haul Route
  - Technical Note – Noise Impact Assessment based on RPA Haul Route
  - Haul Road Traffic Vibration
  - Joint Statement on haul road traffic vibration (Applicant & Mater Private)
  - Consent Letters from MMCUH, RPA, Mater Private & Dublin City Council.

### **Submissions from Dublin City Council and Prescribed Bodies**

#### Dublin City Council

Submission (Planning) – Dick Gleeson

Submission (Planning) – Paraic Fallon

Submission (City Architect) – Kieran Gallagher

Submission (Roads and Traffic) – Eoghan Madden

Submission (Drainage) – Gerry Doherty

Submission (relating to conditions) – Paraic Fallon

Submission (condition relating to finishes/materials) – Kieran Gallagher

Submission (conditions 1(a) & 1(b) relating to design) – Kieran Gallagher

#### An Taisce

Submission by Kevin Duff with powerpoint presentation

Submission by James Nix with powerpoint presentation

#### The Heritage Council

Presentation by Colm Murray with Heritage Assets Map

#### Railway Procurement Agency

Submission by Rory O’Connor

### **Submissions from Observers**

- Submission from Mary W. Gallagher (also representing Rita A. White, Terry I. Mallin, Clare Fallon, Patricia Fennelly, Morris Family, Patricia O'Connor & Anne Coll);
- Submission from Eamonn Smyth;
- Submission from Donnachadh M. O'Riordain;
- Submission from Blend Residents Association presented by Pauline Caddell;
- Submission from Blend Residents Association presented by Valerin O'Shea;
- Submission from Grangegorman Residents Association presented by Pirooz Daneshmandi;
- Submission from Berkeley Environment Awareness Group presented by Irene Bent;
- Submission from Shandon Residents Association presented by Peter Murray;
- Two Fine Gael Press releases from Ruadhan MacEoin;
- Submission from The Irish Land Trust presented by Ian Lumley and including: comments from the DG Environment on SEA Guidelines; An Bord Pleanála decisions on Ref's PL24.237997 & PL17. 233330; Section 13.8.3 of the Architectural Heritage Protection Guidelines; extract from Operational Guidelines for the Implementation of the World Heritage Convention; ICOMOS document relating to Austria;
- Submission from National Conservation & Heritage Group presented by Damien Cassidy;
- Submission from Peter Sweetman;
- Submission from Mountjoy Square Society presented by Mary Laheen accompanied by a powerpoint presentation;
- Submission from Tallaght Hospital Action Group presented by Richie O'Reilly and Triona Murphy;
- Submission from Mater Private Hospital presented by Rory Mulcahy B.L with document presented entitled Joint Statement on haul road traffic vibration.
- Submission from Tony Barry & Others presented by Nicholas Mulcahy of McCutcheon Mulcahy;
- Submission from Tony Barry & Others presented by Dr. Michael McDermott;
- Submission from New Children's Hospital Alliance presented by Ciara Gilmour;
- Submission from New Children's Hospital Alliance presented by Dr. Fin Breathnach;
- Advice Note to Minister Harney re. optimum location for the development of radiation oncology services in the Eastern Region, January 2005
- Submission from New Children's Hospital Alliance presented by Dr. Roisin Healy;
- Submission from Dr. Desmond Duff with accompanying photographs;
- Submission from Manus Coffey & Associates presented by John Hayes
- Submission from Cllr. Emer Costello & Deputy Joe Costello
- Submission from ACRA and Transport Users presented by Tony Newtown
- Submission from Noel Smyth presented by Tom Walshe