Inspector's Report

PL29S.PA0024 - Application under Section 37E of Planning & Development Act 2000 as amended.

DEVELOPMENT:	A new 392 bed in-patient plus 53 day care bed national paediatric hospital.
Address:	Eccles Street, Dublin 7.
Type of Application:	Strategic Infrastructure Development
Applicant:	National Paediatric Hospital Development Board
Local Authority:	Dublin City Council

SUBMISSIONS & OBSERVATIONS

Prescribed Bodies:	Irish Aviation Authority, National Roads Authority, Health Service Executive, Dublin Airport Authority, Department of Arts, Heritage and the Gaeltacht, the Heritage Council, National Transport Authority, An Taisce, Railway Procurement Agency
Other Notified Bodies:	Dublin Bus

Observers:	Nuala Morris and others, Mary W. Gallagher, Rita A. White, Terry I. Mallin, Patricia Fennelly, Nora O'Connor, Clare Fallon, Patricia O'Connor and Frank D'Easaille, Eamonn Smyth, Anne Coll, Donnchadh M. O'Riordain, Blend Residents Association, Grangegorman Residents Alliance, Berkeley Environment Awareness Group, Shandon Residents Association, Tallaght Hospital Action Group, Mater Private Hospital, Tony Barry and others, New Children's Hospital Alliance, Desmond Duff, Nuada MacEoin, Ruadhan MacEoin, The Irish Land Trust, Robert Foley, Irish Georgian Society, National Conservation and Heritage Group, Peter Sweetman, Mountjoy Square Society, Sinn Fein, Paschal Donohoe and Ray McAdam, Paul Murphy
DATES OF SITE INSPECTION	3rd October 2011 & 12th January 2012
DATES OF ORAL HEARING	17, 18, 19, 25, 26, 27, 28 October & 1, 2, 3 November 2011.
Additional Observers:	Manus Coffey & Associates (John Hayes), Deputy Joe & Councillor Emer Costello, Tom Newton (ACRA) & Noel Smyth**.**
INSPECTOR:	**Una Crosse**

APPENDICES

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1. BACKGROUND & INTRODUCTION

1.1 Pre-Planning Consultation with An Bord Pleanála

As provided for in the Seventh Schedule of the Planning and Development Act 2000, (as amended by the Planning and Development (Strategic Infrastructure) Act 2006 and further amended by the Planning and Development (Amendment) Act 2010 (Section 78), development comprising a health care facility providing in-patient services, but excluding a development which is predominately for the purpose of providing care services within the meaning given to that term by section 3 of the Nursing Homes Support Scheme Act 2009 comprise Infrastructure Development for the purposes of Section 37A of the Act as amended. As provided for in Section 37B(1) of the Planning and Development Act 2000 as amended, the applicant entered into discussions with An Bord Pleanála in relation to the proposed development (Ref. 29N.PC0103). Three meetings were held between the applicant and An Bord Pleanála on 5th November 2010, 2nd December 2010 and 1st March 2011. The Board informed the applicant by notice dated 26th April 2011 under section 37B(4)(a) of the Act that it was of the opinion that the proposed development fell within the scope of paragraph 37A(2)(a) of the Act and that any application for permission for the proposal development must therefore be made directly to An Bord Pleanála under section 37E of the Act. The current application to An Bord Pleanála is made on foot of that decision.

1.2 The Application

Planning permission is sought in accordance with Section 37E of the Planning and Development Act 2000 as amended. Notice of the proposed planning application was published in the following newspapers:

- Irish Independent – 19th July 2011
- Irish Times -19th July 2011

The application was submitted to An Bord Pleanála on 20th July 2011.

1.3 The Oral Hearing

A preliminary oral hearing was held at the offices of An Bord Pleanála on 5th October 2011 in order to assist in devising an order of business for the substantive hearing. The substantive oral hearing in respect of the application was held firstly at All Hallows College in Drumcondra and subsequently in the offices of An Bord Pleanála on 17, 18, 19, 25, 26, 27, 28 October & 1, 2, 3 November 2011. A summary of the proceedings of the hearing is appended to this report as Appendix A. This is a summary and is not meant to comprise a record of the hearing as a full recording was made of the hearing. Appendix B contains a list of the documents presented to the Board at the oral hearing.

2.0 DESCRIPTION OF PROPOSAL & DOCUMENTATION

2.1 Development Description

The development which is the subject of this application comprises the proposed construction of a paediatric hospital the remit of which is to serve as a National paediatric tertiary hospital for Ireland and as a secondary paediatric facility for the Greater Dublin area. The proposal has a gross floor area of 108,356 sq.m which includes 80,438 sq.m of medical spaces, 10,191 sq.m of plant and 17,728 sq.m of communications (links, cores etc) with an additional 35,590 sq.m of car parking. The facility is proposed to provide 392 in-patient bed spaces and 53 day care bed spaces (445 bed spaces in total) with a range of facilities and 972 car parking spaces. The basement levels below ground occupies the footprint between the Mater Private and the Old Mater building along Eccles Street (save for existing terrace on Eccles St and the area reserved for Metro North).

While there are some ancillary elements of the proposal in that part of the site which adjoins the NCR, the building effectively comprises a linear form addressing Eccles Street with a number of inter-related 'stacked' elements as follows: Above ground the building comprises a central podium which is 8 storeys (c.36 metres in height above ground) and is a rectangular cuboid like form approximately 36 metres from the Eccles Street edge and with a natural stone granite facade. The podium is c.196 metres in length with the westerly pavilion element extending it a further 7.5 metres to 203.5 metres. Along the Eccles Street elevation, there are a number of glazed 'pavilions' which appear to project from the podium. The pavilions are 5/6 storeys (c.24m/29.7 metres in height above ground) save for the pavilion to the east of the entrance concourse which is 7 storeys (33.7 metres in height above ground) and are set back approximately 20 metres from the Eccles Street frontage. The pavilion on the south western end of the elevation appears to wrap around the podium as it adjoins the Old Mater.

The principle entrance and concourse is located between two pavilions and between the existing Eccles Street terrace and the new Eccles Street block and comprises a 4-storey height glass atrium structure which is c.38 metres in length. The Eccles Street block which has a natural stone granite façade finish is 4 levels high (c.18 metres in height above ground) as it addresses the street (level 00 is below ground on Eccles Street) and is connected to the pavilions by the glazed structure which extends from the entrance concourse. A separate entrance to the emergency department is proposed from the Eccles Street block. The ward block comprises a linear slender curved structure which appears to sit on the podium element and comprises 7 levels (Level 09 to Level 16) set back between 35 and 40 metres from the Eccles Street edge. The top of the ward block is c.73.8 metres from ground level with the top level comprising a limited area of enclosed plant. The ward block is approximately 164 metres in length. The materials proposed incorporate a mix of stone cladding and panels and various forms of glazing, coloured metal panels and screens. The open spaces within the facility are outlined

below in the floor by floor summary but comprise spaces on varying levels particularly on the roof levels of the pavilions and the principle therapy park which is located on the roof of the podium at level 9.

Access to the car park is proposed from two access/egress points, the first and principle one from Eccles Street which incorporates a separate ambulance access and egress lane at ground level with the car access and egress lanes covered by a canopy and splitting into left and right turning close to the exit. The access from Eccles Street is proposed to be shared with the Mater Adult Hospital's vehicular ramp on Eccles Street. This proposal required revisions to the permitted Mater Adult Hospital ramp design which have already been permitted by Dublin City Council (Reg. Ref. 3655/10) and which has been incorporated into the current proposal. A second access/egress point is provided from the North Circular Road (NCR) with the ramp access the delivery area at level -1 and the car park at level -2. Both junctions created on the public roads with the access/egress points are proposed to the signalised (see submissions to the oral hearing). A separate existing to the service yard entrance adjacent to the proposed NCR access is proposed to remain. It is also proposed to share the proposed service yards to their rear of the proposed hospital. As set out in the development description provided by the applicant the proposal is proposed to provide direct linkage through to the adjoining Mater Adult Hospital (currently under construction) at levels -2, -1, 0, 1, 2, 3.

Pedestrian access through the site comprises 3 no. routes the first of which is located between the original Mater building and hostel and the new building through a proposed landscaped area out to the NCR. This route is dependent on the removal of the existing link corridor that connects the Hostel building and the Old Mater. The second one is through the concourse of the hospital at ground floor level to the concourse of the Adult hospital and courtyard and onto the NCR. The third route was permitted as part of the Adult Hospital and is located to the rear of the properties on Leo Street connecting Eccles Street to the NCR to the east of the site along the site of the Mater Private. It is noted that existing ground levels vary across the site with the levels on the NCR one storey lower than Eccles Street with the depth of the basement varying relative to existing levels. The construction of a 'water tight' secant pile box around the proposed basement will assist in control water infiltration. The basement will require excavation and disposal of c.269,000m^3.

The following is a summary of each of the floors:
Level -4 – 205 car parking spaces with plant rooms and other ancillary elements and ramp from upper floors.
Level -3 – 299 car parking spaces with service areas and ramp from upper floors.
Level -2 – 319 car parking spaces with service areas and two ramps from upper floors.
Level -1 – provides for 139 spaces including spaces reserved for the emergency department and access core to same, facilities management and catering facilities,

access to new Adult Mater, ramps from Eccles Street entrance and NCR, delivery yard at NCR and storage, cleaning and other ancillary elements.

Level 00 – is below ground on Eccles Street and at ground at the NCR. The Emergency department is located on this floor as is pathology, pharmacy, lecture theatres and research areas. The Mortuary is also located on this level with access from the NCR elevation. Direct access to the ambulance yard and Adult hospital is also provided at this level. The floor to floor height of level 00 is 4 metres.

Level 01 – comprises the principle entrance to the hospital with the entrance forecourt leading to the concourse which leads to the existing phase 1A concourse. A separate access is provided from Eccles Street to the Emergency Department into a lift lobby. This floor accommodates the outpatients department and the welcome centre with a separate outpatient's reception and concourse. A pharmacy, retail space and café adjoin the entrance forecourt. The floor to floor height of level 01 is 4.5 metres.

Level 02 - in addition to the atriums over the entrance concourse and outpatients concourse the floor accommodates further outpatients space, imaging department and admin/support services. The floor to floor height of level 02 is 4.5 metres.

Level 03 – accommodates operating theatres and recovery areas in addition to a day care area and family overnight accommodation. The floor to floor height of level 03 is 4.5 metres.

Level 04 – accommodates the cardiology and critical care departments. The floor to floor height of level 04 is 4.5 metres.

Level 05 – accommodates a large area of plant, admin support and clinical support services and has a floor to floor height of 5 metres.

Level 06 – accommodates a research centre and the therapies areas. There are garden areas located to the west of the building accessed from the therapies area and a small garden close to the entrance area. This level has a floor to floor height of 4.3 metres.

Level 07 – accommodates the mental health department, outpatients department, an inpatient ward and admin support area. There are garden areas located in 4 small areas along the southern (Eccles St) elevation with one garden area on the NCR side. This level has a floor to floor height of 4 metres.

Level 08 – accommodates the haematology/oncology department with inpatients, outpatients and day care with a pharmacy. There are garden areas located in 4 small areas along the southern (Eccles St) elevation with one garden area on the NCR side. This level has a floor to floor height of 4.5 metres.

Level 09 – accommodates the restaurant, hospital school, recreation centre and family support services. The therapy park is located at this level. This level has a floor to floor height of 5 metres.

Level 10 - 14 – accommodate the inpatient wards are all almost the same in layout with minor differences with plant located on the northern elevation and external terraces at the both ends. These levels have a floor to floor height of 3.8 metres.

Level 15 – provides for the education centre with terraces at either end of a smaller floorplate than that of the inpatient ward levels with a floor to floor height of 3.8m.

Level 16 – accommodates the plant room with a screened eternal plant area.

A 'Hospital Street' runs in an east west direction toward the rear of the floorplate on almost all of the floors in the proposal save for level 01 where it opens into the outpatients concourse and is not included on levels 15 (education) or 16 (plant). The length of the street is reduced in the residential block. Approximately 11,031 sq.m of existing buildings/accommodation are proposed to be demolished in order to facilitate the proposal. This includes Rosary House and the Radiology Department in addition to other more recently constructed buildings and prefabricated structures. It was noted at the hearing that the mortuary and pathology departments would be demolished prior to the commencement of the maternity hospital but will remain during construction of children's hospital.

2.2 Application Documentation

In addition to the documentation and drawings accompanying the application, a number of Planning and Environmental Reports were also attached and which are briefly outlined below as follows:

2.3 Volume One

This volume contained a series of reports and documentation setting out the application details and supporting documentation. The principle reports are outlined below.

2.3.1 Planning Report

The Planning Report sets out the legislative and policy context in respect of the proposed development. An overview of the proposed development is set out and it is noted that a 7 year permission is sought. Details of the existing floor area within the Mater complex including the new Adult hospital is provided and it is noted that the gross floor space of existing buildings is stated to be 110,692 sq.m of which it is proposed to demolish 11,031 sq.m. Applicant details and landownership matters are addressed as well as details of the various strands of consultation. The calculation of development contributions is a matter addressed in the report with an exemption sought from payment of same for the non-profit making elements of the proposal which applies; it is stated by the applicant, due to the registered charity status of the HSE on whose behalf the NPHDB is acting. It is stated that while parking at the hospital will be paid parking with 763 of the 972 to be paid parking with a contribution of €472,253.60 calculated. However it is requested that the council in its report to the board share the applicants view that the car park constitutes an element of the scheme for which an exemption from the requirement to pay applies. Consultation was undertaken with the RPA in relation to the Section 49 scheme for the Metro North and the Board is asked to confirm with the RPA, that such a condition should not be imposed.

The report also sets out the context within which the site is located including details relating to the existing facilities on the site and the lengthy planning history is outlined in tabular format. The report outlines the development rationale supporting the proposal by way of Government and Health Service Executive Policy and continues with a review of the national, regional and local planning contexts. The report concludes by outlining at section 28 those which are considered to be the significant environmental impacts which are stated to include impacts on human beings, sunlight, visual impact, roads, traffic and transportation and architectural heritage. The economic impacts of the construction and operational phase of the proposal are also outlined.

2.3.2 Architectural Design Statement

It is stated that the architectural design concept for the proposal is a comprehensive response to three objectives as follows: compatibility with site and urban planning objectives; special environments for children, families and staff; and efficient delivery of services. The Eccles Street block is proposed, it is stated, to appear as an independent four storey building at an appropriate scale addressing the street consistent with the urban design objectives of the plan. The pattern of spaces, the masses they define modulate the building so as to make it more permeable and engaging and comparable. Elements located further back become progressively higher and more expressive to take on a unique shape with its setback from the street and its visible position on the city skyline. The therapy block is stated to be logically developed as the transition between the lower and upper building masses, unlocking, it states, extraordinary rooftop environments. The creation of appropriate external spaces for play is fundamental to the design concept proposed. The building is arranged as a stack of layers enabling plan configurations, adjacencies and flows that respond to functional requirements. It is stated that considerable attention has been directed toward optimising the design of the ward block as a landmark building. The essential size and configuration of each nursing/ward floor was driven both by clinical and urban design requirements, it is stated with alternative configurations were ruled out because of functional and/or massing deficiencies.

The scheme chosen comprising a curved form is described as a cloud form enveloped in a skin of glass. The cloud form was chosen because of its soft ethereal shape suggesting, it is stated, an intriguing dream world within and a dramatic presence on the city skyline. The statement sets out the proposal in respect of the conservation strategy and objectives. It is stated that the nature and scale of the proposed development must necessarily impact forcefully on the existing urban environment in its general mass and scale. It states that in order to achieve the density of development required to provide the clinical requirements and to maintain the scale of Eccles Street, the new development must achieve a height which will impact on the character of the city quarter. The objective of the strategy, it states, is to enhance and project the new character of the City quarter, while respecting the established character consolidating

the established tendency of this quarter as a civic medical centre and landmark zone. The proposal seeks to extend Nelson Street through to Elizabeth Street and states in relation to Leo Street that in the shadow of a major institutional use there is an inherent conflict of scale which can only be resolved by contrast.

The statement seeks to address architecture, cultural heritage and mitigation and notes that restoring the coherence of Eccles Street would mitigate any adverse impact on streets such as Eccles Street, Berkeley Road and the ACA. Nelson Street is to be provided with an axial focus which is seen as an enhancement. Leo Street is mitigated by the set back of the building in so far as such is achievable. The ethereal design of the ward block contrasting to the historic building pattern is considered to be the correct and appropriate response to the north inner city. Works proposed to Eccles Street including elimination of parking, landscaping and traffic control measures are necessary to support its function as a major new civic forecourt and entrance to the Hospital. The proposed structure's south face is set back 9 metres from the protected structures on Eccles Street and 11.3 metres from the Old Mater with the design including detailed proposals for the interface with the provision of a new public walkthrough route from Eccles Street to the NCR. It is stated in conclusion that the impacts are controlled by the proposed strategy which embodies the required mitigation measures to minimise any adverse effects on the built heritage.

The report sets out details in respect of the environmental design and sustainability of the building. In relation to daylight it notes that the proposal may have an 'imperceptible' to 'slight' impact on daylight access in some residences in the immediate vicinity of the site. It is stated that recommended minimums for daylight access in habitable rooms will be achievable. There will be a 'slight' to 'moderate' and 'moderate' to significant' impact on sunlight access on various residences depending on time of day and year. It is noted that the curved form of the proposed building limits the impact of glare particularly at long distances. To avoid overlooking fixed interstitial blinds in a down position are proposed. Windows to the north elevation from levels 0-9 between gridlines 24-30 are fitted with fritted glass to a level of 1500mm above FFL to obscure any overlooking. Landscaped park areas at levels 7-9 on the north side are not accessible. Distance from the corner of the building to the closest property on Leo Street is 29.4 metres. Landscaping measures in addition to access and screening are proposed to enhance the local wind microclimate. The proposal incorporates a security strategy for the Hospital having regard to operational policies. It is proposed that the proposal would be carried out as a single contract. It is stated that there is an expansion factor built into the proposal through the reservation of space for further development that being the Maternity hospital; through the provision of shell space within the current proposal allowing for c.1,580 sq.m of space; and through the location of soft spaces adjacent to critical areas which could be relocated to allow for departmental expansion.

2.3.3 Site Masterplan

The site masterplan was undertaken in response to the requirement set out in the Local Area Plan. The initial site masterplan was prepared by Scott Tallon Walker in 2009 with consultation with the City Council and further iterations required to address the requirements of the LAP. The Integrated Design Team was appointed in October 2009 with the masterplan amended to incorporate needs of the new hospital and to provide additional information to ensure compliance with the requirements of the LAP. The three shortlisted options (linear, tower, cluster) were reviewed and with other site planning, medical planning and the requirements of the LAP a more developed site masterplan emerged which was more prescriptive about height and massing. Each of the options located the inpatient activities on the upper levels with the difference the stacking of the floorplates on the upper levels. It is noted that the Adult Hospital will be fully operational during the construction phases of the proposal. The MMUH is responsible for decanting of all services and personnel from the site. The identified accommodation requirement was 103,000 sq.m for the new Children's Hospital and 17,000 – 25,000 sq.m for maternity services. Site configurations for the uses were reviewed with critical care adjacencies, emergency access requirements and support services central. It notes that pedestrian connections and permeability need to be attractive and pleasant and well-connected along natural desire lines with key factors including building height, micro-climate, wind and passive solar gain.

The masterplan examined the three options in terms of overshadowing noting that each have varying impacts with each affecting Leo Street. It states that due to its orientation the linear black provides the least relief from overshadowing of the Adult Hospital. The LAP model is used as a baseline with the entire 6-12 storey element of the LAP presented at 12 storeys. The visual impact of the tower is stated to be more significant with the linear and cluster options similar although there is more relief on views from the south west and north east from the breaks in the cluster. The tower option reduces the impact on the amenity of developments to the north and east. In relation to delivering the brief the linear option facilitates horizontal functional layers which is highly adaptable with the cluster option problematic. In terms of compliance with LAP objectives the cluster and linear options are considered to be closest in scale and massing to the indicative scheme in the LAP.

The linear block is stated to provide the flexibility to deliver a strong landmark on the city skyline which identifies the hospital while retaining the advantageous medical planning requirements. The linear block was stated to achieve the delivery of a world class paediatric facility on the site. The preferred option is stated to be entirely consistent with the key design principles and the objectives of the masterplan. It is stated that the masterplan's architectural/urban realm developments of the LAP's indicative urban form diagram has the associated and necessary consequence of

increasing the height of the main ward block at the core of the site to accommodate the displaced volume from the on-street block with this rationalisation tolerated by the 12+ height designation in the indicative LAP diagram. The site is located on a rise above the city bowl with an impact on the skyline both within the immediate neighbourhood and from further afield. It is stated that the pedestrian route identified in the LAP through the Mater hospital building is not feasible. Three primary routes are identified through the subject site with the route through the centre of the site subject to security issues with the route between the Old Mater and new building subject to the removal of an existing link corridor. The third route to the east along the side of the Mater private hospital is permitted by the current adult hospital development. Public open spaces are considered to comprise the improved public realm on Eccles Street and the Triangular Park opposite the Old Mater. Semi-public and semi-private spaces are also incorporated with the Therapy Park on the upper levels a central feature. Car parking for the entire campus is designed in basement structures operating together. Permeability is noted as a key objective of the LAP with through routes provided. Environmental effects are also addressed as is heritage and conservation. Creating a new street along both Eccles Street and NCR are objectives of the masterplan.

2.3.4 Landscape Report

The landscape report deals principally with the evolution of the design for the public realm improvements on Eccles Street and the Therapy Park. There are 5 landscaped areas within the scheme:- the landscape corridors at level 0 and -1; Eccles Street; therapy park and roof gardens; habitat gardens and winter gardens.

2.3.5 Consultation Process

The report sets out the stakeholders in the process and outlines brief overviews of a series of meetings with residents. A community gain proposals report is attached and it notes that The National Paediatric Hospital Development Board agreed to employ the services of a Community Advocate to interface directly with the local resident associations in order to develop community gain proposals for the new children's hospital. It states that the process of engagement by the Development Board with the local residents is ongoing and will continue during the construction and operational phases of the new hospital development. The proposed community gains include a local/district heating system; traffic management system; healthcare lectures; improvements to local street / road network; event / theatre / conference / meeting / cultural space; recycling facilities; security (CCTV and human presence required); Access to library facilities; retail and active frontages; employment; facilities manager, community liaison committee; internet; crèche / childcare facilities; buy out local residents; open space provision; primary care centre; insurance & compensation. Meeting overviews are also provided of meetings with the Mater Private. A meeting log is also set out.

2.3.6 Economic Impact Assessment

In addition to providing Ireland with a Children's hospital of national and international importance it is stated that the proposal would represent the largest healthcare project of its kind ever to be undertaken in the state with an investment of €650m. It will create a medical campus offering the full range of acute clinical services and the subsequent creation of a medical district and healthcare hub in the heart of the city centre. Up to 3,000 people (full and part-time) will be directly employed with the potential for 5,100 indirect jobs. An estimated 1,000 people are likely to be directly engaged in the construction of the proposal over the 4 year period with a benefit to the Exchequer in tax take. The proposal, it is stated, offers the opportunity to develop a possible impact on the revitalisation of the city centre. Research projects would be stimulated and Irelands profile as a centre for paediatric healthcare would be raised. New industry and services in the area would be promoted with demand created for vital transport links and residential property, impacting positively on property prices. The economic impact of visitors to the hospital is likely to be substantial with visitors generating demand for a range of local services. A significant contribution is also predicted to the commercial rate base in the area with substantial savings envisaged to the Exchequer by the amalgamation of the 3 existing hospitals.

2.3.7 Engineering Services Report

The report deals with foul drainage, surface water disposal and water supply. It notes that for the proposed 4 level basement all foul drainage generated (from potential staff workers from the car parking security etc) would flow via gravity to the lowest level of the basement and be pumped via a pump station and rising main to the groundfloor level. Foul drainage generated from the Children's Hospital above the basement levels, would flow under gravity via pipes of 150mm and 200mm in diameter to Level 0 and outfall to the new 300mm foul sewer that shall continue to the existing 750mm combined sewer on North Circular Road. The flows generated from the development are predicted to be in the order of 418.5m3/day, with a Dry Weather Flow of 4.84 l/s and a peak flow of 29.0 l/s (6DWF). Dublin City Council have indicated to OCSC that they are obliged under the Waste Water Discharge (Authorisation) Regulations 2007 (S.I. 684 2007) to have attained *'…a good surface water status…..not later than 22 December 2015'.*

In accordance with their Discharge Licence from the Environmental Protection Agency these requirements have to be met and will require upgrading works to be carried out at Ringsend. The projected time line for these works to ensure compliance with the discharge license requirements would effectively mean that the treatment plant at Ringsend will have been up-graded and commissioned before the proposed Children's Hospital comes on line in 2016. As part of the construction of the various basement levels it will be necessary to construct a sealed water tight 'secant-pile' wall to enable the basement to be constructed without groundwater ingress into the excavation. Once

the secant wall is constructed the material within the basement can be removed. During this process any ground water contained with the basement area will be required to be pumped to the surface, pass through a settling tank and oil separator to remove potentially harmful material, before outfalling at a controlled rate into the adjacent combined public sewer. In accordance with the requirements of Dublin City Council these works shall require a temporary discharge licence.

As part of the proposals to deal with surface water it is stated that the run-off from the ramped entrance off Eccles Street would be drained and attenuated to the surface water networks of the Acute Adult Hospital (by others). Attenuated flow would then flow via gravity to the existing combined sewer on the NCR. Consideration was also given to connecting to the existing sewer networks in Eccles Street but the existing invert levels prevent a gravity flow, so outfalling to the sewer on NCR was considered to be a more sustainable option. For the proposed development the following SUDS devices shall be applied - *Rainwater Harvesting Tanks* to be used for toilet flushing and maintenance purposes (these shall be incorporated into the future application of the Children's Hospital of Ireland Planning Application). *Green-Roofs* proposed to match the natural runoff characteristic of surface water from a greenfield site. Run-off generated from the proposed future Children's Hospital of Ireland basement levels when occupied and in use would flow via gravity to the lowest level of the basement where it would pass through a class 2 petrol interceptor before being pumped via a pump station and rising main to the groundfloor level. It would outfall to a new 300mm foul sewer that would flow via gravity to a private manhole within the Mater Campus boundary prior to outfalling to the existing combined sewer on the NCR. The proposed surface water layout and attenuation system has been agreed in principle with the Drainage Division of Dublin City Council.

In terms of water supply, discussions with the Senior Executive Engineer in Dublin City Council Water Division indicated that the existing water supply infrastructure adjacent to the development is currently at capacity. A new 250mm watermain from Dorset Street has been installed and is currently being commissioned by Dublin City Council Water Division and would provide potable water to the proposed development. A water supply connection to the Children's Hospital of Ireland would be made from this new 250mm watermain and this has been agreed with Dublin City Council Water Division. A secondary supply can be drawn from the existing 450mm watermain on the NCR. This connection would only be used in the event the new 250mm watermain becoming incapacitated and unable supply potable water to the hospital. In order to provide continuity in supply in the unlikely event of a substantial interruption from the public network, the proposed scheme would have two water storage tanks located in the basement, fitted with suitable pressure sustaining valves. A flooding risk assessment was also undertaken in respect of the proposal. It states that the site is located within a

flood C zone and does not require a justification test and from investigations carried out it states that the proposed development is not at risk from an external source.

2.3.8 Impact Assessment of Basement

The report states that a set of analyses have been carried out with regard to key environmental impacts on the Mater Private Hospital, Dublin (MPH) due to the planned basement construction works at the neighbouring Children's Hospital of Ireland (CHoI). The impacts considered are: airborne noise; ground borne noise; vibrations; settlement and building damage. It states that to satisfy the criteria for airborne noise mitigation measures are proposed and with this mitigation that the noise levels with windows closed are lower than the requested level of 45dBA and are also lower for a situation where windows are closed and trickle vents are open. It is shown that for windows open, predicted levels are lower than those existing. It states that it is possible to mitigate airborne noise from construction to below requested acceptable levels for all areas of the MPH. Analysis has shown that the ground-borne noise would not be in excess of the MPH defined acceptable level of 35 dBA at any location.

The worst case vibration levels are anticipated to be in Theatre 5 with other theatres also above the specified tolerance of 20 µm/s at 31-35 µm/s for theatres. The report recognises that such values could represent a potential disruption for the MPH and as a result a set of measures, which it states have been discussed with the MPH, have been proposed for adoption in the event of the vibration monitoring triggering at unacceptable response levels. It is shown that the effect of ground movement due to settlement will not cause adverse effects on any sensitive equipment. Due to the nature of the building and its robust construction the analysis has shown that there is a relatively small chance of building damage occurring and in any such instance the damage would be merely cosmetic and easily repairable. A set of mitigation measures are proposed to limit the effects of construction on the MPH. As part of these measures it is advised that a suitably qualified Independent Specialist Monitoring Consultant shall be appointed to carry out and prepare reports on monitoring output during the course of CHoI basement works.

2.4 Volume Two & Three

Volume 2 contains the Environmental Impact Statement with the appendices to the EIS included in Volume 3. The EIS is presented in the grouped format. An assessment of environmental impacts is set out separately in the assessment section of this report (7.12) below.

Volume 2

This is set out in chapters with each chapter addressing a topic. The chapters address the following:

Chapter 1 provides an introduction to the EIS including the legislative context, an overview of the consultation with agencies, and the format which provides that each chapter is set out as follows: the proposed development, the receiving environment, likely significant impacts, mitigation measures and residual impacts where relevant. The study team is also outlined.

Chapter 2 outlines the scoping exercise undertaken in advance of the preparation of the EIS. This includes the issues to be addressed in the EIS under each of the topic headings. The full scoping document is included at Appendix 2 in Volume 3.

Chapter 3 entitled project description, the chapter provides a description of the site and surroundings and provides a description of the proposal. The design process and the phasing of the development are also outlined.

Chapter 4 addresses alternatives considered looking at the legislative context and outlines the alternative strategies and processes, alternatives sites and brief, alternative local area plans, masterplans and design concept alternatives. Alternative design development is outlined with the alternatives considered tabulated.

Chapter 5 considers human beings and addresses land use, population, employment and other socio economic characteristics including healthcare services. Impact from the construction phase is considered as are redevelopment impacts. Mitigation measures are then outlined as are the indirect impacts arising.

Chapter 6 deals with flora and fauna and provides the methodology for the assessment of flora and habitats, fauna and the limitations arising. The receiving environment is set out and the conservation designated sites in the locality are outlined. The characteristics of the proposal are provided as are potential construction and operational impacts, mitigation measures and the residual impacts.

Chapter 7 deals with soils, water and hydrogeology by outlining the methodology of the assessment, assessing the receiving environment and setting out the characteristics of the proposal. The potential impacts of the proposal, construction and operational, are set out with the mitigation measures and residual impacts also provided for the construction and operational phases.

Chapter 8 addresses air quality with the methodology outlined in respect of air quality legislation, assessment criteria and the dispersion modelling methodology. Consideration of the receiving environment includes meteorological data, a baseline assessment and NO2 and PM10/PM2.5 with available existing data included. The characteristics of the proposal are outlined including process emissions, dust generation rates, air emissions and air dispersion modelling. The potential impacts of the proposal both construction and operational are outlined as are the mitigation measures and predicted impacts.

Chapter 9 deals with climate and microclimate and is presented in six parts. The first part provides an introduction to climate and outlines the methodology, receiving environment, characteristics of the proposal, potential impacts, mitigation measures and predicted impacts. A sunlight access impact analysis is provided which sets out the assessment methodology; relevant characteristics of the proposal, the receiving

environment, impacts on sunlight access are defined with potential impacts of the proposal on sunlight access, mitigation measures and the residual impacts outlined. A daylight access impact analysis is then set out which sets out the assessment methodology; relevant characteristics of the proposal, the receiving environment, impacts on daylight access are defined with potential impacts of the proposal on sunlight access, mitigation measures and the residual impacts outlined. Glare is then considered with the methodology, proposal, receiving environment outlined and followed by the potential impacts, mitigation measures and residual impacts. Spill light at night is similarly considered. Wind Studies are addressed by outlining the methodology for wind tunnel testing and then outlining the potential impacts, mitigation measures and residual impacts.

Chapter 10 considers noise and vibration and in so doing provides an outline of the fundamentals of acoustics and vibration. The receiving environment includes an outline of the noise and vibration surveys undertaken, the survey periods, instruments and results. The characteristics of the development including criteria for assessing noise impacts and rating vibration impacts is set out with the predicted impacts of the construction and outward impact of the operation phase set out. The mitigation measures proposed for the construction and operational phases are set out as are the predicated impacts.

Chapter 11 deals with landscape outlining in the introduction the methodology, assessment criteria and modelling methodology. The receiving environment and the characteristics of the proposal are addressed as are the mitigation measures. The predicted residual impacts of the proposal are set out and are illustrated by a series of views and montages illustrating the existing view, the receiving environment where different to existing view and the proposed view which illustrates the residual effects of the proposal.

Chapter 12 outlines the material assets with water and drainage piped services, utilities and waste services during construction and operational phases. Potential impacts, mitigation measures and predicted impacts are provided for waste services.

Chapter 13 the traffic and transportation chapter is part of the longer assessment contained in Appendix 13 of Volume 3. The chapter outlines the methodology used, the receiving environment including a summary of baseline flows. The future receiving environment is addressed by way of background traffic growth, the new adult hospital and reference to Temple Street and the Metro North. The characteristics of the operational phase of the development include traffic generation, Eccles Street traffic management options and car park access and egress. The potential impact of the operational phase and construction phase as well as a parking strategy are set out as are the do nothing scenario, remedial and mitigation measures and monitoring.

Chapter 14 deals with architectural heritage and sets out the assessment criteria in the methodology. The proposed development is outlined as is the receiving environment which includes reference to the urban morphology of the site, the record of protected structures, architectural conservation areas and street geometry amongst others. The

potential impacts of the proposals are presented as they arise in respect of protected structures and other buildings on the site; streetscapes, significant buildings and protected structures within the immediate vicinity and the historic urban landscape. The poetical impacts on each building, streetscape or landscape assessed is presented in a table addressing significance, sensitivity to change and the impacts on a scale of 1 (low) to 5 (high).

Chapter 15 considers archaeological heritage and the methodology outlines the desk study undertaken in addition to the historical background, cartographic research, archaeological background and previous archaeological investigations on the site and in its vicinity. The chapter then addresses the characteristics of the proposal, the potential archaeological remains and the possible impacts and suggested mitigation.

Chapter 16 sets out the interactions of the foregoing firstly in a table and then each of a series of topics are addressed separately outlining the interactions arising. The broader interactions and cumulative impact of the proposal with the construction of the Adult Hospital and the Metro North is also mentioned.

Chapter 17 provides a list of terms and abbreviations.

Volume 3

This provides the appendices to the Sections included in Volume 2 as follows.

Appendix to Chapter 2 (2a Scoping Report), relates to the scoping section of the EIS with a report entitled 'Proposed Scope of the EIS. This includes a sample of the overshadowing mapping to be generated, the rooms visited for the purpose of daylight access analysis, sample of output map for the wind study and detailed description and maps of the proposed photo locations with sample existing views provided.

Appendix to Chapter 3 (3a Outline Construction Strategy) outlines the proposed construction strategy dealing with the construction methodology including enabling works, the basement, superstructures, and the Environmental Plan; Construction traffic in relation to the background and the contents of a construction management plan; Eccles Street and North Circular Road and the site access and egress including a construction stage traffic impact assessment.

Appendix to Chapter 4 comprises the HSE document 'One Step Closer' (4a) which outlines the key points of the high level framework brief for the New Hospital (October 2007) and a document (4b) 'Cost Benefit Analysis' which is stated to respond to a request from An Bord Pleanála to provide an overall cost/benefit/analysis exercise weighing up the criteria for the site designation.

Appendix to Chapter 5 includes two reports the first of which (5a) is an Aspergillus Report and the second (5b) is an Asbestos Report.

Appendix to Chapter 6 includes: Site Synopses for Conservation Designated Areas within 10km of the site (6a); Tree Survey and Arboricultural Impact Assessment (6b); and the Appropriate Assessment (6c).

Appendix to Chapter 7 includes: a map of site investigation locations (7a); A Geotechnical Investigation 2010 (7b); RPA Exploratory Hole Location Plan and Borehole

Logs (7c); A set of Historical Maps (7d); A soil classification report (7e); A report on the effect of basement construction on protected structures (7f).

Appendix to Chapter 8 provides a report on ambient air quality standards and DMRD air screening modelling (8a) and a Dust Minimisation Plan (8b).

Appendix to Chapter 9 is entitled report on the impacts cast by the proposed Children's Hospital of Ireland and comprises the shadow study illustrations.

Appendix to Chapter 11 is a copy of each of the Photomontages at A4 size including baseline, receiving (where necessary) and proposed.

Appendix to Chapter 12 provides a preliminary Waste Management Policy for the Children's Hospital of Ireland.

Appendix to Chapter 13 includes a copy of the full Traffic Impact Assessment (13a) with the mobility management plan also attached (13b).

Appendix to Chapter 14 provides an extract from the Record of Protected Structures (14a); A selection of Historic Maps (14b); Selected drawings of No's 30 – 33 Eccles Street (14c); Architectural and Photographic Inventory of Rosary House, prepared by the Dublin Civic Trust from October 2002 (14d); A report entitled Historic Occupants and Uses on Eccles Street is included (14e); A conservation glossary is provided (14g) as is a report on the Historic morphology of Eccles Street, Synnott Place, the North Circular Road, Leo Street and the Mater Misericordiae Hospital (Chronological Development) (14h).

Appendix to Chapter 15 sets out National Monuments Legislation (15a)

3.0 SITE CONTEXT AND DESPCRIPTION

The subject site is located within the Mater campus which is located in Dublin 7 within the north inner city. The overall site area of the existing Mater hospital campus is approximately 6.2 hectares, and the planning application boundary comprises a site of approximately 7.2 hectares which includes the Mater Campus and part of the public path and street. The actual site of the proposed development is an 'L' shaped area of ground comprising an irregularly configured rectangular shaped area addressing Eccles Street and a smaller area of ground addressing the NCR. This is stated to be approximately 2.04 hectares and includes the site of the proposed development and that which is proposed to provide for a future new maternity hospital (in the part of the site adjoining the NCR). The site is formed from the space contained within the area bounded by the Mater Private to the south east, Eccles Street and the properties adjoining Eccles Street to the south, the Old Mater Hospital building to the west and north west, the North Circular Road to the north and the Mater Adult Hospital (Phase 1A and the new building) to the north and northeast.

The site currently accommodates the former surface car park for the Adult hospital, which is now predominately part of the construction site for the Adult Mater accommodating a range of prefab buildings, the entrance to Phase 1A of the Mater leading to the concourse and a range of buildings which it is proposed to demolish which include Rosary House, Radiology building, outpatients extension, accident and emergency, education block (canteen and Freeman Auditorium) amongst others. The site slopes from south (i.e. Eccles Street) to north (i.e. towards the North Circular Road) by up to 3 metres. The level of Eccles Street also falls by over 3 metres from west to east. The level of North Circular Road also slopes by in excess of 5 metres from west (at the Berkeley Road junction) to east (at the Leo Street junction).

The lands to the north and further east of the proposed development site are predominantly inner city residential streets. To the east of the site between Dorset Street, the Mater Private and the North Circular Road is an area of two storey Victorian residential dwellings on streets including Leo Street, Leo Avenue and Josephine Avenue. Leo Street backs onto the site of the Adult Mater and the corner of the subject site. Mountjoy Prison occupies a significant portion of land immediately north of the Mater campus with a Garda Station and a mix of uses including residential streets adjoining the NCR. Further west of the subject site, Broadstone Park runs southwards from the NCR to Western Way along the Royal Canal Bank. A wide range of commercial and shopping facilities are located on and around Dorset Street and the Phibsborough Road. To the south the site is addressed by the southern side of Eccles Street which comprise 4-storey Georgian protected structures which are primarily in ancillary medical use. Nelson Street is located perpendicular to the site and comprises primarily 3-sotrey residential dwellings. The Four Masters Park adjoins the junction of Eccles Street and Berkeley Road with St Joseph's Church located adjacent to same.

4.0 SUBMISSIONS

4.1 Dublin City Council

A submission was received from Dublin City Council with a report from the City Council Executive and a resolution from the Members of the Council.

4.1.1 Dublin City Council Executive

The submission received from Dublin City Council sets out the planning policy context for the site and the planning history as well as an outline of the site context in terms of principle structures and streets in the vicinity of the site. The comments are summarised as follows:

- The works proposed to Eccles Street are outlined and it is stated that a new high quality public space has been created with an opportunity to reinforce connection to the triangular park which has not been shown;
- A proposal to provide the triangular park as a public space would be a positive contribution to the proposal and to community gain and would comply with objective OSL13;
- Pedestrian link through the site shown in the LAP has been omitted with proposal showing the least successful option along the side of the hospital which requires landscaping;
- Another of the proposed routes shown in the design statement most attractive but dependent upon existing link between the Hostel building and Old Mater being removed;
- Works proposed to Eccles Street will widen footpath and incorporate set down and taxi rank and loading bay and noted that treatment of vehicular bays is not consistent;
- Widening of the southern side of the street is suggested while respecting the historic paving;
- The Eccles Street block is considered appropriate repairing the street with the new uses at the entrance forecourt considered to promote on-street activity;
- How they address the street and signage design must be of a very high quality to avoid detracting from the Georgian character with direct access to café/shop from the street suggested;
- Parallel parking should be considered along southern side near Berkley Road rather than perpendicular to the street;
- The extent of the works along Eccles Street not clear from the drawings;
- An assessment is set out of the proposal in terms of the building design assessment criteria (s.16.1.10) noting that there is a high standard of amenity, logical composition, high level of consideration of purpose, response to the streetscape is well considered;
- Treatment of the high rise west ward block not as well resolved as a response to its place in Dublin skyline and further consideration required for the architectural

treatment of the high rise block (articulation, details and materials) to better mitigate its impacts on the skyline and vistas;

- 1:200 scaled drawings not sufficient to analyse the building in great detail;
- Concerns regarding the south facing façade which may be liable to overheat;
- Garden area proposed on north side of the building which will be affected by overshadowing with minimal amount of direct sunshine affecting its amenity;
- Fuel for the heating system questioned with comprehensive use of solar and photovoltaic panels not considered despite large roof area;
- Not clear whether the use of permeable paving is to be considered as an additional option in satisfying SUDS criteria;
- To ensure ward blocks achieve outstanding architectural quality it requires further input;
- Necessary scale of the development means that there will be undoubtedly be impacts on the spaces of the city centre and on the many historic structures;
- Integrity of the design goes some way to mitigating the intrusion by producing a building that is well thought through subject to further consideration of treatment of the high-rise ward black;
- Issues of signage and branding not sufficiently considered;
- Screening for appropriate assessment and outcomes considered acceptable;
- Concerns over design and translation of the stated objective for the Therapy Park into the design;
- Lighting strategy with lights in the trees appears contrary to recommendations of Dr. Niamh Roche;
- Consideration of future use of Mater Hospital plot/private garden with public open space option a positive contribution;
- Potential to provide an acceptable area for nesting for herring gulls should be considered given their existing nests on the site;
- Proposal to use only native species for planting unnecessarily limiting and provision should be made for non-native species in respect of value for wildlife and longevity;
- More consideration in landscape report should be given to site context as does not float in space as graphics suggest and should include principle views to/from site, connections to nearby public spaces, circulation and access by the public and relationship of built and open space within the overall site;
- Removal of mature trees not mitigated by new planting with net loss of high amenity for this area of the city;
- Capacity constraints as published in the Greater Dublin Strategic Drainage Study noted and noted that Water Services Division installed c. 88 metres of additional watermain on the site to cater for the proposed hospital;
- Roads authority satisfied in principle with the consolidation of the Children's Hospital into a single campus arguably reducing the demand for travel generated by the multitude of locations;

- While existing road network heavily congested noted that during peak hours majority of the trips are staff with majority of same by public transport;
- Site located in one of the most accessible areas of the city with restriction on parking spaces available to employees with high dependence on public transport;
- Generally satisfied with quantum of car parking and noted trip rates for Children's Hospital are 83% higher than that for an adult hospital;
- No discussion in documentation regarding compensation to the Council for loss of revenue from the removal of the existing on street parking spaces on Eccles St & NCR;
- Proposal would remove 54 public spaces with the loss over the 4 year construction period €1.2million with the permanent loss €205,000 per annum;
- Improvements to public realm along Eccles Street is acknowledged with the materials to be subject of agreement with the Council;
- Assessment for visual impact presented in the EIS on likely impacts on individual sites fair and thorough with the architectural heritage assessment considered to be exemplary demonstrating well the impact on protected structures;
- Considered that the potential impact of the overall development in the context of Dublin's historic core particularly the north Georgian core is not adequately demonstrated particularly in terms of potential of the proposal to change the architectural significance of the wider context, its historical architectural character and scale, set pieces and the important landscapes;
- Proposal does not conform with certain key City and LAP policies and objectives relating to the insertion of a prominent tall building in the context with particular adverse impact to the setting of the Georgian streetscapes of adjoining streets and key north Georgian core sites and the planned axial routes;
- Impact on the lesser streets adverse and could have a significant effect on the architectural heritage asset in general;
- Proposal is positive for the city having great potential as a driver for the social and economic regeneration of the city's north Georgian core;
- Proposal seeks to facilitate the optimum development of the site in accordance with the key site objective in the LAP to provide an appropriate quantum of space;
- Proposal does not conform with certain key policies and objectives relating to the insertion of a prominent tall building in this historical context;
- Scheme is impressive for the way it has reconciled the many challenges of a large and complex brief and a defined inner urban site producing a design of substantial architectural and urban design quality with a high degree of legibility and integrity;
- Key issue is the appearance and impact of the building's form on Dublin's skyline and on its historic setting;
- If <u>further Information</u> is required by the Board the Council recommends following (summarised): further consideration of the architectural treatment of the high-rise ward black to mitigate its impacts on the skyline and vistas of the city; provision of a 3-D computer generated model and/or architectural model including its environs;

fully address potential impact of the proposal on the historic core in particular the north Georgian core, and how proposal would change the architectural significance of the wider context, historical architectural character, scale etc; pedestrian connections between Eccles Street and NCR to be further developed, information on new phasing and design of the route between the Old Mater and new hospital and a landscape design for the eastern edge of the site; finish of taxi rank to be redesigned to match the paving of the bus stop, widening of footpath on southern side; main entrance forecourt elevation including signage and direct entrances from Eccles Street; proposed environmental improvement works on Eccles Street; further details on architectural treatments and scale of drawings; Potential downdraft from the ward block on the recreational terraces; Landscape report should include more description and analysis of the site and its relationship to the city's landscape and principle views to/from the site, connections to public open spaces; detailed drawings of the works proposed to the NCR in order to facilitate a proposed new signalised junction into the basement car park with concern over width of the NCR at this location; potential to provide acceptable area for nesting for herring gulls should be considered; amendments to the design of the therapy park; revised landscape report incorporating set of requirements; suitable and appropriate mitigation measures for the loss of trees with request to consider transfer of open space within the Mater Land to public open space;

- If permission granted a series of conditions relating to water, drainage, roads and traffic, natural heritage, parks and landscape are set out;
- Drainage condition that no connection from the development will be permitted until the City Council provide written confirmation that the required treatment capacity to accommodate the development is available at Ringsend WWTP;
- Revised drainage plan required showing location of existing surface water discharges into the local drainage network;
- Works proposed to Eccles Street & NCR including proposed junction alterations to be agreed with Council with additional bicycle parking in the basement requested;
- Other proposed conditions relate to archaeology, undefined metro north levy, street cleaning, hours of work, noise levels and undefined Development Contribution scheme condition and as well as a refundable cash bond.

4.1.2 Members of Dublin City Council

The submission was accompanied by a report noting that the members of Dublin City Council noted report no. 245/2011 with the motion carried at the monthly meeting held on 5th September. A resolution agreed by the members was also attached which includes 11 recommendations to An Bord Pleanála which are summarised as follows:

- Construction mobility plan be agreed with separate parking for construction workers;
- Comprehensive community or planning gain programme to be established;

- Local employment clause to be inserted to ensure that the proposal will provide some gain for the local community;
- Access provision to and from the hospital to be strengthened;
- Consideration be given to exclusion of Metro North as a planning issue should Metro North not be approved;
- Monitoring committee comprising local councillors, residents, City Council officials and hospital management be established for the duration of the construction period with terms of reference to be agreed;
- Applicant to make resources available (monetary, professional or services) to the local resident groups in the event of an oral hearing;
- Community liaison office to be appointed by hospital operator post construction;
- Public spaces, walkways or parkways to be monitored by CCTV;
- Part of the development levy to be ring fenced to upgrade local drainage network within a 1km radius and used to fund suitable community gain;
- Every effort be made to ensure that the Georgian Heritage of the area be respected, preserved and enhanced.

4.2 Prescribed Bodies

The following prescribed bodies responded as summarised as follows:

Irish Aviation Authority – No observations
National Roads Authority – No specific comments
Dublin Airport Authority - No specific comments at this time.

Health Service Executive – notes that:
- Environmental Health was not included at the screening/scoping stage of the application;
- EIS and all submitted documentation accepted as accurate for the proposal with no comments to make.

Department of Arts, Heritage and the Gaeltacht – states that:
- While proposal must be assessed in light of its potential impact on the architectural heritage of the city including impact on setting and visual amenity of protected structures and architectural conservation areas and on the city skyline, the strategic importance of the building and its design objectives also need to be assessed;
- Evident from photomontages that the building would be visible on the skyline from most directions and would have a significant impact at local level;
- Policies of relevance to architectural heritage in the City Plan and LAP are highlighted;
- Recommends that the Board looks at the overall context including the policies and objectives of the City Council as well as strategic importance of the development;

- If decided to request further information or a redesign of part of the protect the Department would be available to comment on any additional or revised documentation;

The Heritage Council – states that:

- Submission focuses on the impact on the historic urban landscape of Dublin, considered as a candidate World Heritage Site, and designated heritage assets;
- The spatial planning critique of the location and scale of the hospital has as much relevance to the decision to be made as the medical case;
- A particular institution is proposing an architectural statement that will be visible city wide with the scale to become an unintended symbolic monument of the city;
- Up to the Board to decide whether the institution, the building brief and the architecture of the design proposed are sufficient to fulfil the role, if it is worthy to become a dominant image of Dublin and its urban skyline;
- The quality of an architectural proposition must be evaluated in the planning process against the fundamental touchstone of sustainable development;
- The question of public value, how to balance the social desirability of the function proposed in a large high building against the economic benefit;
- Dublin as a candidate UNESCO World Heritage Site has a responsibility not to dramatically change the unique character of the city;
- Role of managing Irish World Heritage policy has now passed to the Department of Arts, Heritage and Gaeltacht with appendix attached including Dublin's candidacy document;
- Dublin City Development Plan commits to investigating the potential for Dublin to be designated as a World Heritage Site (para 7.2.4, policy FC57);
- Table A sets out an impact assessment on the setting of a sample specific heritage assets setting out the setting impact and statutory protection with some comments;
- Direct impacts will occur at Mountjoy Square, St Georges Church and Eccles Street as referenced in Ulysees;
- Potential impacts have not been documented in the EIS on the following: Parnell Square, the Four Courts & Kings Inn & the Custom House (James Gandon), Marsh's Library, Trinity College (view across College Park from Nassau Street), Phoenix Park, Henrietta Street;
- Number and scale of intrusions on the silhouettes of historic buildings indicate proposal would become a constant presence in the city;
- Integrity and authenticity of Dublin as a candidate World Heritage Site is a material consideration in the planning decision with the impacts outlined required to be evaluated individually and collectively which the EIS fails to do;
- Proposed UNESCO Recommendation on Historic urban Landscape intended to be Adopted in October 2011 provides good practice on new approach to the appreciation and management of cities;

- Approach justified on recent experience in the disruptive influence of large-scale buildings on World Heritage Cities and importance of the conservation approach;
- Recommendations likely to become part of the criteria by which potential sites for inclusion in the world heritage list will be judged;
- Arrangement of EIS with Landscape and visual assessment considered separately to Architectural Heritage leads to omission from consideration of wider impacts of the proposal on the historic urban landscape;
- Asset set of architectural heritage chapter is geographically & conceptually limited;
- Potential to modify the character of the wider district must be evaluated;
- The impact on ACA's or proposed ACA's should be considered with deleterious impacts including the impact on the character of the city and specifically the symbolic reading of protected buildings, vistas and the public realm;
- For a full assessment of the impact of the development on ACA's the EIS should have also provided an analytical description of the components of the receiving historic environment with Table A providing an example of how impacts can be described;
- Landscape assessment does not make reference to the literature on the impact of the development on the setting of Heritage assets with the protection of structures a policy of the City Plan (policy FC30);
- City plan also commits to developing a research agenda for architectural heritage in the city to guide on the interface between contemporary design and the historic setting (Para 7.2.4);
- Whilst no explicit legislative protection for the setting of protected structures the Development Plan policy conforms the relevance and requirement for evaluation;
- Setting defined as relating to the view from heritage assets and of heritage assets or groups of assets seen collectively and the inter-visibility between heritage assets;
- EIS mapping does not indicate all the protected structures and conservation areas in the vicinity, the setting of which would be affected;
- Methodology for view selection appears to rely on photography from an existing on-site crane, the height of which is not given;
- Accepted that impact of the proposal on protected structures in immediate vicinity has been dealt with reasonably;
- Proposal has potential to impact on 6 of the 10 ACA's with 4 additional potential ACA's in vicinity;
- ACA's are statutorily designated cultural heritage assets but only cursorily discussed with the purpose of the designation to protect their character;
- Proposal impinges on the curtilage of the Mater Hospital, a protected structure and new proposal could not be said to relate to or complement the special character of the protected structure with the impact on the curtilage required to be weighed in the planning balance;
- Building of this scale must have an impact on the economic functionality of the district or wider area of the city;

- Economic impact assessment set out not adequate as changes of use that will inevitability occur to land and buildings in the surrounding area must be judged to be a foreseeable result of the proposal and are likely to be long-term and significant.
- Question whether an SEA of the plan or programme which produced this proposal has been carried out;
- Zone of influence of proposal considered to include the north-east Georgian core of the city with restricted geographical area included in the EIS (Vol 1, Chapter F) significant shortcoming;
- Strategic economic and social planning framework and SEA merited for a project of this scale as permitting proposal will alter the spatial planning context of the city;
- EIS notes that positive impact on property prices locally but does not address the concept of gentrification as a possible negative impact;
- Scale of the proposal far exceeds that anticipated in the LAP for the area and questioned whether the economic impacts of the proposal as well as the visual ones have been properly planned for within the planning framework for the area;
- Would be desirable if strategic physical planning were applied to the development process for the north inner city so as not to compromise world heritage site status;
- Risk that proposal will intensify property market pressures demanding changes of use of the existing buildings stock much of which is valued for architectural heritage value which is not considered in the EIS;
- Proposed re-development of Mountjoy Prison must be considered in such analysis as a cumulative or synergistic potential impact;

National Transport Authority – notes that:

- Authority's comments based on the polices, objectives and measures contained within the draft Transport Strategy for the Greater Dublin Area;
- Strategy promotes key principle of intensifying and consolidating cities by building on appropriate brownfield sites or reusing underutilised sites;
- Site of proposed hospital is consistent with key principles of the draft strategy and location is appropriate for the corresponding level of use and trip demand associated with a hospital facility of this scale;
- Authority recommends that any grant of permission includes a condition which requires suitable mitigation measures to be provided in the design of the hospital to limit the effect of future metro construction on the operation and functioning of the Hospital;
- General concern about provision for cyclists and other detailed design issues related to the road layout of NCR and Eccles Street as proposed;
- Concern regarding the location of a secondary car park access off the NCR and suggest its possible all private vehicles should access the car parks via Eccles Street in interest of maintaining the efficient flow of traffic, pedestrian and cyclists along the NCR;

An Taisce – states that

- Proposal fundamentally conflicts with a range of provisions in the Dublin City Development Plan, is seriously over scaled, does not protect the city skyline, does not integrate into the urban fabric, is seriously damaging to the setting and integrity of protected structures and the classical Georgian planning in the area;
- Proposal would have an adverse, overbearing impact on the existing residential streets in the area and is inconsistent with the proper planning and development of the area;
- Site is inherently unsuitable for the proposal because of its constricted nature and is irreconcilable with the accommodation brief;
- Scale, bulk and height of proposal would materially contravene the City Plan;
- Major buildings in city's sited and designed with the townscape as the starting point;
- Proposal is a product of the requirement for a certain quantity of floorspace shaped into a building with the townscape wholly incapable of accommodating;
- Scale, design and relationship of the proposal has unexpected transitions and a disaggregated built form similar to large scale modern development in Brussels known as 'Brusselisation';
- Any new development at the Mater must carefully integrate with the adjoining residential areas and ensure their amenities are protected;
- Due to overwhelming scale and close proximity to houses the proposal would constitute an overbearing, incongruous and visually obtrusive addition to the area with severe negative impact on the existing residential amenity of the area;
- Application is within a transitional zone with protected structures, conservation areas, residential areas and fails to comply with paragraph 15.9 of the City Plan;
- Scale, bulk and location is inconsistent with the requirement to design with regard to the human scale (Par. 16.1.4 of the City Plan);
- Adjoining streets are conservation areas and protected structures in immediate vicinity with proposal in serious conflict with provisions for same in the City Plan;
- Proposal would constitute a monstrous intrusion on the historic city skyline and due to its long sprawling form and height would not make a positive contribution;
- Proposal is in conflict with the assessment criteria for high buildings which require that high buildings must protect important views, landmarks, prospects, roofscapes and vistas with proposal intruding on the O'Connell street vista, Belvedere House and more;
- What is the long terms use of the buildings which would be vacated particularly those with recent investment in new theatres and units in Crumlin;
- Assumption that 87% of staff travelling to work will not need parking is extremely ambitious and 17% higher than the existing sustainable travel figure for the Mater;
- Not explained how it is proposed to manage the parking spaces in practice;
- Assumption that 15-20% of patients/visitors parking at the hospital with concession that of the 7,000 patient/visitor journeys around half will have demand to travel by car but number of spaces limited to 736;

- Further information on parking requirements is necessary in relation to length of stay, peak times for visits;
- Prioritising the patient/visitor spaces for A&E is suggested;
- Under EU Directives on air quality, traffic pollution cannot be increased in the vicinity of proposed Children's hospital and not permissible to give consent to a proposal that would increase nitrogen dioxide levels;
- Improvements are required to bus services and routes with connections to Heuston Station and improvements also required to pedestrian links in the area and from Connolly with bus services to Tallaght requiring improvement if staff are to relocate;

Railway Procurement Agency – states that:
- Welcomes and supports proposed development with the proposal consistent with and complements the plans to construct a Metro North Stop;
- Plans as presented generally consistent with the productive discussions undertaken with applicant since 2009 with whom being working closely to resolve all outstanding technical matters but not yet finalised;
- As agreement not yet reached recommend conditions relating to the construction of the hospital and mitigation measures including appropriate design and agreeing details with the RPA to limit the effect of future metro construction on the operation and functioning of the hospital;
- Proposal falls within area of Metro North Section 49 Levy and proposal does not fall under any of the exemptions listed in the scheme with the condition to be attached;

4.3 Additional Bodies Notified

Four additional bodies, Dublin Bus, Bus Eireann, Irish Rail and the HSE National Directorate of Estates were also informed of the application. Responses were received and are summarised as follows:

Dublin Bus – states that:
- Concerns regarding location of bus stop on Eccles Street, Eastbound, and request bus stop and taxi rank swapped with the bus stop a 'build out' design with accessible kerbing a bus shelter and real time passenger information;
- Location of bus stop on Eccles St. westbound to be moved and placed with disabled car parking area with the bus stop a 'build out' design with accessible kerbing a bus shelter and real time passenger information;
- Further discussion required in relation to the two stops on North Circular Road accessible kerbing a bus shelter and real time passenger information required.

4.4 Observations

31 valid observations were received by the Board within the prescribed period up to and including the 14th September 2011. The matters raised are summarised as follows and are grouped into topics for ease of reference:

4.4.1 Planning Policy, Design, Height, Layout and Visual Impact

- Overdevelopment of a small site as evident by site coverage;
- Proposed building is too high and totally unsuitable destroying Eccles Street;
- Area is too congested with no room for further expansion;
- Finishes of Adult hospital were supposed to be cream and are orange and visually offensive;
- Building height, size and shape out of sympathy with the surrounding Georgian and Victorian buildings;
- LAP for Phibsbourough/Mountjoy won Irish Planning Institute Award in 2010 which is indicative of the Plan being a well research and presented study;
- Proposal largely ignores the aspirations of the LAP as a whole and the site in particular;
- Plan ignores urban design evaluations of the LAP relating to character of the core and sensitivity required on account of the historic significance of receiving environment;
- Urban form objectives of the LAP ignored relating to taller building and scale of buildings being sympathetic to protected structures in the plan area;
- Mater site not deemed as suitable for a building taller than 12 stories with proposal having substantial floor to ceiling heights of 4.7 metres with the 16 floor building comparable to a 25 storey building with 3 metre floor to ceiling heights;
- Proposal does not comply with LAP objectives relating to landmarks;
- The LAP sets out a detailed 15 point strategy for the site which the proposal should be tested against;
- No explanation of how the weighted scores to evaluate visual impact on surrounding areas were derived with resulting score arbitrary with specific concerns regarding the description of impacts as indirect (views 24, 29, 30, 30a, 31a);
- Final selected building form cannot be fairly said to make any architectural concessions to its surrounding environment;
- Impact on the surrounding environment significantly greater than normal due to the bulk of the proposal and the elevated site;
- Proposal is a piece of architecture which needs its own space to be appreciated;
- Area of the site is 2.04 hectares of which part is reserved for a new Maternity hospital;
- Proposal fails to comply with the Z15 zoning objective and disregards the objectives of the surrounding sites;
- Heights proposed for the scheme are grossly excessive at 94.5m OD and 74m from street level with factors that militate against taller buildings on the Mater site the topography of the site, the sensitivity of the area with protected structures and conservation areas, residential context of the area with the proposal ignoring polices, standards and guidelines relating to high buildings;

- Excessive scale, bulk and mass of the proposal will have a very dramatic impact on the built environment of the low rise area with visual impact shown in the views;
- Phibsborough identified as an area suitable for mid-rise buildings defined as up to 50m high with proposal directly contravening same by c.20 metres;
- Contravenes slenderness ratio requirement (3:1), preventing negative disruption of the skyline and association with a significant open space and Urban Form and Spatial Assessment criteria;
- Benefits of open spaces espoused by Melbourne Hospital ignored in this instance;
- Proposal places the new Mater Adult Hospital in shadow impacting on its amenity;
- Oval shaped structure visually resembles a football stadium remarkably similar to Aviva and close to Croke Park in terms of width and height;
- Plot ratio of the proposal is approximately 6.4:1 (allowing 15% of the site area for the maternity hospital) with circumstances which allow a higher plot ratio not applicable;
- Challenge to integrate new development into the urban context of the area clearly would not be met by the proposed scheme;
- Proposal disregards policy SC18 of the City Plan which aims to protect the skyline of the inner city;
- Layout and mass and overall dominance of the building is not in keeping with the LAP and omits several important elements indicated in the LAP including a one-way system on Eccles Street, and pedestrian permeability through the site;
- LAP vision of a Trinity college style campus with open spaces and through routes is completely absent;
- Proposal fails to comply with transitional zone objective creating a startlingly abrupt transition;
- Site is located on high ground relative to the city making proposal even more visible with huge impact on the historic inner city;
- Not convinced images presented provide an accurate picture of the extent of the negative impact with views taken from advantageous angles;
- High buildings over 6 storeys found to be unsustainable and undesirable socially, environmentally and economically;
- Wind vortex effect from high buildings creating strong localised wind creates a very unpleasant environment;
- Construction costs of higher buildings considerably higher than low rise;
- Unusable open spaces proposed due to height and likely weather conditions;
- Consider further information required in respect of the impact of the high rise design of the building on the immediate vicinity and a further assessment of the potential for wind tunnels as a consequence of the height;
- Proposal is antithesis of slender proportions and would create a mass and bulk that would be visible from considerable distances irreversibly altering the skyline and negatively impacting on the Georgian core and historic city;

- Sixteen storey structure with a length of 156 metres will dwarf the neighbouring structures and greatly diminish their residential amenities;
- Justification of plot ratio based on public transport services and the sites city centre location but severely reduced if Metro is postponed or cancelled;
- Not only would building be tallest in city it would be the largest in scale given massing of the ward block with comparative height and massing study provided as carried out by the Irish Construction Federation;
- LAP requires exemplary architectural design to reflect the buildings function and location with massing and scale assessed to avoid monolithic buildings which over power their surroundings;
- Permeability diagram is misleading as two of the main routes not open to the public with no planning gain for the community;
- Route 2 (Fig. 45, pg 55) is a vital asset and permanent 24 hour access is required;
- No ground level landscaping or gardens that could exist without high maintenance programmes and which would be easily accessible;
- Earlier plans of the hospital showed the courtyard garden of the 19th century hospital restored with public access to it but not shown on plans;
- Height should be reduced and the massing broken down to reflect the truly landmark nature of the project and to sensitively responds to the environment;
- Application documentation does not set out the evacuation procedure in the event of fire which is particularly important given the height and complexity of the building;
- Helicopter pad missing from design which is an essential element of such a proposal and not clear why it is not included;
- Amenity of open spaces questioned due to noise and fumes from street with proposal blocking light to new Adult hospital;
- EIS fails to assess the impact on children where it addresses human beings;
- Alterations proposed to the design of the Emergency Department, Radiology & mortuary;

4.4.2 Residential Amenity

- Impact detrimentally on the residents of the area with the impact of the new Adult hospital already apparent in respect of overshadowing and overlooking;
- Degree to which the dwellings would be overshadowed has been set out in the report on the impacts of shadows cast in section 3 of the EIS;
- Mater Private expanding westwards with further impacts on residential amenity;
- Impact of amenity of properties on Leo Street due to overshadowing and loss of daylight and overlooking with issues of privacy of major concern;
- Impact of proposal at night in terms of lighting;
- Open spaces which face north will overlook houses on Leo Street;
- Impact and disturbance from Helicopter pad and ambulances particularly at night;

- Applicants consultation with the residents directly contravenes Burra Charter for the Conservation of Places;
- Devaluation of property in vicinity of the site;
- Concerns of residents not addressed in any meaningful way in the consultation process;
- Predominant zoning in the vicinity of the site is residential with protection of amenities an imperative and primary concern of the Council;
- Level of overshadowing shown in the report on impacts of shadows cast constitutes serious diminution of residential amenities for dwellings in the vicinity;
- Massive disruption also likely from the Metro construction under the yards on Leo Street;
- Proposal will mean years of additional construction noise, pollution and huge influx of people with detrimental impact on quality of life of residents.
- Suitability of streets for construction traffic and damage to protected structures on Eccles Street from vibration;

4.4.3 Site Location, Selection, Expansion and Alternatives

- Site is unsuitable for building an additional hospital;
- The issue of potential for future expansion is not addressed in any substantial manner in the proposal except to say that it has been acknowledged;
- No room for expansion at the site with expansion occurring at every other major paediatric hospital in the world;
- City location for such a necessary facility is welcomed but such a dense development is not appropriate on such a confined site with ability of the site to offer further expansion/diversification questioned;
- Size of hospital proposed significantly smaller than recommended by McKinsey report with justification for closure of existing hospitals unclear given need for secondary care;
- Proposed Urgent care centre at Tallaght does not address secondary need nor is it clear if it will be built with permission not yet sought with emphasis on hospital;
- Serious underestimation of numbers that will attend with figure for 2021 for hospital and UCC in Tallaght only 10,000 more than attended combined 3 hospitals in 2005, particularly given growth forecasts for under 18 population and live birth rate;
- Proposal would result in there being no overnight beds for sick children in South Dublin/Wicklow/Kildare with an urgent care centre a poor substitute with no overnight beds or A&E;
- RKW 2007 document noted that 3 urgent care centres would be required with only one proposed in principle;
- Board should condition that 24hr emergency care is maintained at Tallaght which is the newest paediatric health facility in the country;
- Emergency access by air is critical and not effectively considered by the applicants;

- Downgrading of Tallaght and closure of Crumlin will impact on the health of children;
- Mater site unsuitable due to accessibility with 60% travelling from outside of Dublin with access only achievable by road;
- Site has limited room for expansion with McKinsey report estimating need for 621 beds rather than the 445 proposed with room for expansion essential;
- No in-depth planning assessment provided of alternative sites mentioned at Newlands Cross or Blanchardstown;
- Pre-consultation meetings with the board addressed the matter of alternatives including the matter of a legal opinion sought by the applicant with scant reference to alternative sites in the EIS;
- Planning assessment of alternative sites should have been included in the EIS;
- Prime focus of the 2011 Independent Review was cost and not planning;
- Failing to provide adequate information regarding alternative locations the EIS falls short of EU and Irish regulations;
- Reason EIS did not comprehensively assess the relevant planning issues of alternative sites is that the Mater site is highly unsuitable in planning terms with any comprehensive comparative assessment illustrating this;
- Local focus of the site in LAP amounting to proper planning ignores fact that each local authority and Development Plans allow for interpretations of the plans to be adjusted where there are obvious benefits;
- Proposal represents a rebalancing of city centre abandonment with potential for positive spin-off to the area;
- In ideal world would be better if the state had resolved Mountjoy Prison site as the load of development could be shared between the two sites with interconnecting tunnels under the NCR;
- Would be preferable to phase the development to synchronise with the redevelopment of Mountjoy;
- Relocating project outside of the city would exacerbate the negative effects of the so-called doughnut city and comprise a major planning loss for all parties;
- No need for a major hospital facility to be high rise and while need for central accessible location is recognised other alternatives with more appropriate site areas which do not require high rise should be properly considered which would include James Hospital complex as first option for consideration;
- Need for an integrated state of the art world class hospital for children glaringly obvious but site not suitable with greenfield site with co-located maternity hospital best option;
- The workable plan required by McKinsey to develop the secondary care needs of the Greater Dublin area have never been undertaken;
- Main list of nine assessment criteria set out in McKinsey report are omitted;

- Irish Association of Emergency Medicine 2007 submission to Transition Group/RKW stated that Dublin required a second inpatient unit and emergency department for Children as considered urgent care centres unsafe for emergency access;
- Location Task group proceeded without identifying the Model of Care for the hospital with report endorsed without consideration with incorrect claims of endorsement;
- Tender process endorsed by Task Group excluding the existing children hospital fated to result in conflict with no paediatric healthcare professional with no model of care or development plan informing the process;
- Rigorous and robust assessment and consultation process claimed to have been undertaken is questioned;
- Section 4.4.2 of the EIS on alternatives skips over the Location Task Group in a per functionary manner referring back and forth to it;
- How could correct location have been chosen when RKW were only addressing issues a year later regarding model of care, size of the hospital, the configuration of services etc.;
- RKW were not allowed re-examine the site of the Mater in their report;
- Location task group had no development brief, no model of care and only the McKinsey Assessment criteria which appear to have been ignored;
- July 2011 Independent reviews failed to address issues regarding process of site selection as promised in pre-election statements;
- Expansion spaces costs ignored in 2011 review and terms of reference of phase 11 of review not addressed – clinical advantages for children of locating NPH at the Mater;
- There is no one definition of co-location with McKinsey stating same to be within a practical walking distance;
- Queries approach taken by applicant and seemingly accepted by the Board on the matter of alternatives sites in the EIS;
- Clinical review team correctly note that there has been confusion regarding the model of care and particularly the role of Tallaght;
- Recent clinical review raised concerns at absence of research facilities and genetic department as well as other issues raised such as clinical engagement and understanding of the model of care;
- While part of consultation process some stakeholders not included in clinical review process;
- Building height has resulted in less than optimal medical agencies with high demand for floorspace raising concern that some services may be jettisoned to accommodate future growth;
- If Temple Street is a genuine expansion option this should be fully explored as part of planning and development stage;
- Clinical review team have proposed changes to the Tallaght A/UCC to include a 24 hour service and 6-23 hour beds;

- Need to co-locate proposal with a maternity hospital with no assurance that maternity hospital on site will ever materialise;
- Concern that consideration of alternatives in application may expose any decision to permit proposal to a judicial review on procedural grounds;
- Task Group consideration of sites in 2006 did not address environmental impacts of alternative sites and did not facilitate public participation;
- Approach that consideration of alternative sites not mandatory runs contrary to the spirit of the EIA legislation and potentially public participation provisions;
- Mater site preferred in Task Group report over St. James on basis of speed of project delivery and maximising paediatric access to relevant offsite adult subspecialties;
- St. .James' appears marginally ahead based on co-location, planning and development, access and governance;

4.4.4 Architectural Heritage

- Concern at impact on O'Connell street ACA given distance of proposal with objectives of this ACA undermined given degree of visual intrusion;
- Impact on Mountjoy Square (View 32, 33) which as a perfect square and proposed ACA with only interruption on skyline around Square the Church spires with proposed form, materials and scale of proposal when viewed from this set piece totally alien with no attempt to respect the vistas;
- View from Mountjoy Square akin to ocean-liner or cruise ship atop a tall building;
- Impact on North Great Georges Street, with Belvedere House as a vista closer will be impacted upon by the proposal lurking to one side behind and above Belvedere House;
- Views are taken at ground level but noted that impact of the proposal bound to increase on upper floors;
- North Georgian core will be severely compromised by the proposal which will alter its setting forever;
- Board must consider the application carefully in terms of the impact on the City which is seeking to have itself recognised as a World Heritage Site on the basis of its Georgian Architectural Heritage;
- Proposal fails to comply with policies relating to the impact of excessive heights on architectural heritage of the area;
- Proposal would have a significant and very detrimental effect on the character of protected structures even at a considerable distance from the site;
- Policy FC57 of the City Plan to support designation of Dublin as a world heritage site would be irretrievably undermined;
- Dresden lost its World Heritage site status in 2009 as a result of the construction of a bridge over the River Elbe intruding on the historic cityscape and Vienna forced to amend a high rise scheme around Mitte railway station to maintain its status;
- No vistas shown from Christchurch Cathedral, Kings Inns and other important city sites;

- Negative impact on St George's Church and its spire and the Botanic Gardens Conservation Area;
- Proposal fails to meet the key design objective in the LAP requiring that buildings are sympathetic to and enhance the established built heritage;
- Spin offs for reuse of buildings could be significantly beneficial but would urge planning authority to enact designation of the North Georgian Mile and accompanying streets as an ACA;
- Redevelopment in the area has been poor in places illustrating the need for ACA designation;
- Proposal is utterly and completely out of character with the existing urban grain;
- Important sites in the city will be impacted upon, O'Connell St, North Great Georges St, Georgian Squares on north and south side, Royal Hospital Kilmainham, Royal and Grand Canals;
- Consideration of views and vistas was central to 18th century planning of the North Georgian Core with particular mention necessary of the urban set piece of St. George's due to proximity and its importance to the integrity of the Georgian City;
- The skyline of almost every important street and square in the north Georgian city will be dominated by the new hospital ward block;
- Aside from aesthetic impact proposal may help underpin financially the viability of heritage buildings and lead to proper use and maintenance;
- Prospect of the hospital has encouraged good quality restoration in the area such as former St Georges Church on Hardwicke Street;

4.4.5 Traffic and Access

- Traffic congestion and hazards on Eccles Street due to queuing on Eccles Street;
- Removal of car park will create additional traffic congestion;
- Loss of car parking spaces on street was proposed in meetings to be mitigated by reserved parking in the underground car park but not adequately addressed;
- Request spaces are reserved for permit holders in the basement car park at weekends;
- Current two-way system on Eccles Street should be maintained with traffic lights installed at western end junction with Berkeley Road;
- Traffic egressing the hospital car park should be restricted to left turn only at restricted times to prevent current rat runs causing tail backs on streets in the vicinity;
- Car parking proposed is not sufficient for either staff or patients with car parking to be removed from street;
- Currently payment of annual parking fee to the Council does not guarantee a space;
- Congestion of traffic and parking worse on match days at Croke Park;
- Requested that Nelson Street should be upgraded particularly with public lighting with a left turn onto Eccles Street for commercial vehicles restricted;

- Scale of public transport in the area has already been curtailed with changes to bus timetables including 121 route and proposed changes to routes 3/13/16/19a;
- No capacity for the Council or HSE to compel Dublin Bus to provide or maintain services with bus services serving small catchment area of the city;
- No bus services from south west of the city within convenient distance of the site for either staff or patients/visitors;
- Consequences of absence of the Metro North should be adequately addressed;
- Scale of car parking proposed would result in unacceptably high levels of vehicular activity in the area;
- Insufficient information on the potential impact of construction traffic or the level of on-site parking for construction traffic;
- Scheme traffic management plans for each individual phase of the construction process required in consultation with key stakeholders;
- Insufficient information provided about the proposed link road between Eccles Street and the new vehicular entrance on the NCR;
- Proposed works to Eccles Street be completed prior to the opening of the Hospital;
- Calculation of vehicle movements ignores fact that proposal is a national hospital and also caters for the Greater Dublin area;
- Assumption that level of traffic the same no matter the location does not stand up to scrutiny with Trics model not reliable;
- Mobility management plan and car parking policy poor attempt to justify proposal on a site that is too small to accommodate the scale of the proposal;
- Moving staff from other hospitals outside the city centre who may not have access to public transport to the site with proposal for high cost parking as a way of preventing staff from using more than 10% of the parking proposed;
- Financial impact of parents of sick children from high parking costs;
- MMP uses existing MMP for Mater and Temple Street as evidence that MMP would work on the site but questionable how much further reductions could be achieved;
- Future infrastructure referred to not likely to proceed (Metro North, Metro West, Dart Underground) and referred to in the EIS with a lack of clarity on same and impact on operation of the hospital;
- MMP comprises a list of actions required to be put in place including expenditure by the hospital which is not enforceable by the Board;
- To address abandonment of Metro North a rail station should be opened as soon as possible at Phibsboro Cross Guns Bridge as it would provide access from two rail lines and be compatible with aims of the City Plan;
- Alternatively Luas Line could be routed from Cross Guns Bridge along the former Royal Canal Bank adjacent to the proposed hospital to Broadstone;
- These suggestions form key features of document submitted as part of Transport 21 Consultation entitled Rapid, Railways already present in Dublin;

- A LUAS route from Cross Guns bridge to Broadstone would supersede the need to build the LUAS from Broadstone to Broombridge and Cabra could be served by a new station on the existing heavy gauge line;
- Proposal would facilitate use of Broadstone as a park and ride for the project and other proposals in respect of the former railway;
- Proposal would connect hospital to Heuston as would short extension of the 46A;
- Car parking requirement is c. 2500 spaces with the site not having this capacity with Dundrum Shopping Centre (c.100,000 sq.m) having 3000 spaces;
- If not possible to provide sufficient parking spaces the hospital should not be built on the site;
- Site is difficult to locate and those with no knowledge of Dublin will have difficulties finding the site;
- Suggested that as patients already access Temple Street for medical care that access will not be problematic but scale of proposal different;
- Recently published Clinical review documents notes that Tallaght as a built up area could not accommodate a 40% increase in traffic which casts serious doubts on Eccles Street;
- Initial report on travel times (Trinity College SAHRU) stated it was not possible to undertake a statistical analysis of distance and travel times to the selected sites in context of future transport developments raising concern over weight placed on report in initial planning stages;
- Traffic infrastructure in the area including public transport based on conditionality;
- Majority of sick children travel by car and no reason why this established behaviour will suddenly change;
- Figures show that 7,000 children currently attend south side hospitals between 12 midnight and 8 am when the Tallaght UCC will be closed with no proposals for the increase of emergency transport;
- Independent traffic and access study produced by Geography Department of TCD (Murphy & Killen) concluded that the best location for a Dublin facility was a city centre location with a national hospital best located on strategic side to west of city;
- HSE/DOHC joint task force who made decision on the location does state that ease of access and transport is vital to the new hospital but fail to back up the statement;
- Issue of a major incident response which relies on a single A&E cannot be ignored and major accident interfering with access to the A&E serious concern;
- High car usage of staff at Crumlin of 61.5% unlikely to reduce substantially;
- Based on assumption that between 39 and 45.5% of people will drive to work staff demand would be between 707-825 spaces (236 proposed for staff);
- Survey of existing hospital staff should be used to inform assessment of staff travel modes;
- 2006 survey from the Crumlin facility shows 81% of parents/guardians drove;

- CEO Children's Hospital Colorado notes in lessons learned that there can never be enough parking;
- Concern that due to under provision of parking that patients trying to access site will experience delays due to congestion around hospital caused by difficulty accessing the site;
- Helicopter access not proposed as part of subject application but essential and remains unclear if feasible to locate on Adult Mater;
- Clinical Review team consider that the plans proposed should be tested against patient journeys to ensure the facility is child focused and operationally efficient;

4.4.6 Other Matters

- Object to demolition of Temple Street Children's Hospital with only 2 options left for Inner City Residents;
- EIS called an Environmental Impact Assessment, Re C-2009/50 of the ECJ, the application is flawed;
- Information relevant to the Human Beings living in the area is fundamentally flawed as well as the site selection;
- CCTV cameras to be operational on site on streets in the vicinity in addition to 24 hour security personnel with personnel to be located at existing security desk on Nelson Street to ensure adequate security;
- Percentage of jobs to be allocated to people living in Dublin 7 to be raised to 10%;
- On-site recycling facilities should facilitate local residents and would be of significant benefit;
- Insurance scheme should be put in place to allow residents to claim directly from the hospital for damage caused during the construction process;
- Resources made available for professional services at an oral hearing;
- If permission is granted, community liaison officer to be appointed, monitoring committee with working hours confined to 8AM to 4PM Monday to Friday and 9AM to 2PM on Saturday during heavy construction period, CCTV, ring fence part of development levy for upgrade of local drainage & reserve car parking at weekends;
- Local drainage network facing capacity constraints with questions arising over assessment undertaken, consultations with Dublin City Council with a drainage plan required;
- Flood risk assessment required and all steps taken to minimise flooding;
- No evaluation in the EIS of impact on the security of elderly residents from vibrations in respect of property and care alarms;
- Further information required in respect of solar glare from the development;
- Local employment clause to be inserted and direct applicant to engage with local community groups in relation to community gain;
- Acceptance of the EIS that the discharge of foul sewage into a combined sewer on the NCR is inconsistent with proper drainage management;

- Reference to strict timetabling of outpatient appointments highlights the lack of understanding of how outpatient services work on list system arriving well in advance of appointment;
- Emergency access to the hospital not compared to the alternative locations;
- Mater Private support the proposal in principle on the Mater site subject to agreed mitigation measures which have not been resolved in the consultation undertaken with discussions ongoing;
- Issues include airborne and ground borne noise, vibration, settlement and ground movements, traffic impacts, dust minimisation and cleaning proposals, relocation of the PET/CT facility jointly operated by Mater Private and Mater University Hospital which the application proposes to demolish;
- Impact assessment of the basement construction of the CHoI on the Matter Private included in Volume 1 has not been agreed or signed off by the MPH with a number of elements not accepted such as settlement mitigation measures in section 9;
- Peer review process concluded that Linear accelerators at MPH would not be adversely affected, which would be unacceptable but no mitigation measures included for possible eventuality with measures set out in Section 9 unacceptable to MPH as they would result in severe impact on MPH services;
- Assessment of Construction Joint C in Appendix H refuted as no justifiable basis for suggestion that anchors supporting floor slab are over-utilised with MPH advised the joints of MPH performed satisfactorily to date and will continue to do so unless adversely affected by external works;

4.4.7 Further Observations made at the Oral Hearing

Four additional observers made submissions at the Oral Hearing and a summary of the submissions is set out in Appendix A. The issues where additional to those outlined above include the following:

- Alternative site at Newlands Cross;
- Fire safety matters;
- Infection control throughout the hospital;

5. POLICY AND GUIDANCE

While I address Planning Policy and Guidance in the following sections, I also include reference to the Government and Health Service Policy, which are referred to in the application documentation and in some of the observations, for ease of reference.

5.1 NATIONAL PLANNING POLICY

5.1.1 National Development Plan 2007-2013

The National Development proposes investment in social infrastructure which it states underlines the commitment to the fair and equitable redistribution of the fruits of economic success among all sections of our community. It states that the total investment in this priority area of over €33 billion will complement the investment in Social Inclusion under Priority V to greatly enhance social development. The investment includes just under €5 billion on health infrastructure of which €2.4 billion is proposed for Acute Hospital Care. It is noted that funding will be available under this measure to build a new independent national tertiary paediatric centre on a site to be made available by the Mater Hospital in Dublin.

5.1.2 National Spatial Strategy 2002-2020

At section 3.7 of the Strategy it states that '*achieving spatial balance by developing the potential of areas will depend on enhancing capacity for the movement of people, goods, energy and information between different places. Improvements in terms of time and cost, can reduce the disadvantages of distance'*. It states further that '*other economic infrastructure, such as water services and waste, and social infrastructure, such as schools and hospitals, relate to particular locations and are also needed to support balanced regional development'*. This principle, in addition to others, led to the gateway and hub approach adopted in the Strategy.

5.2 REGIONAL PLANNING POLICY

5.2.1 Regional Planning Guidelines for the Greater Dublin Area 2004-2016

The Regional Planning Guidelines (RPGs) is a policy document which aims to direct the future growth of the Greater Dublin Area over the medium to long term and works to implement the strategic planning framework set out in the National Spatial Strategy (NSS) published in 2002. It states that this is achieved through the appraisal of the critical elements involved in ensuring sustainable and good planning, and through the protection of sensitive and environmentally important locations. The settlement strategy outlined in the Guidelines provides for '*focusing new housing within the existing footprint of the metropolitan areas and planning expansion of the footprint in conjunction with new high quality public transport investment; designation of multi-modal transport corridors providing enhanced public transport linkages serving key towns and linked investment in developing these designated towns in the hinterland area'*.

Section 8.6 of the Guidelines deals with health and healthcare facilities and states that '*like the provision of educational facilities, healthcare is not a social service provided directly by Local Authorities, however, the provision of healthcare facilities must be taken into account in planning terms*'. It is also noted that *'planning policy can affect health in many ways but some of the biggest impacts are through influencing transportation, buildings and communities, homes and flood risk'*. Policy SIR4 provides that '*Planning authorities should work with the health services with regard to provision for community based primary care centres and hospital care in key population centres, supporting their integration into new and existing communities'.*

5.3 CITY AND LOCAL PLANNING POLICY

5.3.1 Dublin City Development Plan 2011-2017

The Dublin City Development Plan 2011-2017 was made on the 24th November 2010 coming into effect on the 22nd December 2010 and is in force for a period of six years. The subject site is zoned Z15 the objective of which is to provide for institutional, education, recreational, community, green infrastructure and health uses. It is stated at section 15.10.14 that with any development proposal on these lands, '*consideration should be given to their potential to contribute to the development of a strategic green network*'. It also states that development at the '*perimeter of the site adjacent to existing residential development shall have regard to the prevailing height of existing residential development and to standards in section 17.9 in relation to aspect, natural lighting, sunlight, layout and private open space, and in section 15.9 in relation to the avoidance of abrupt transitions of scale between zoning*'. It is noted at section 15.4 that uses not listed under the permissible or open for consideration categories in zones including Z15 are deemed not to be permissible uses in principle.

Chapter 3 of the Plan provides the development plan vision and core strategy with section 3.3.2 referring to the core strategy with the objective of strand 2 a smart city creating real long term economic recovery. Revitalising the city's economy is a key factor including the promotion of three new innovation corridors radiating the city centre including northwards towards the airport including clusters, knowledge, research which includes the Mater. Figure 2 illustrates the core strategy with Phibsborough designated as a key district centre in the Plan. Chapter 4 deals with 'Shaping the City' and includes reference to the approaches to be taken in the inner city, docklands, and inner suburbs including the key district centre designations. Figure 4 provides the key views and prospects in the city centre. Section 4.4.4 refers to taller buildings as part of the urban form and spatial structure of Dublin and addresses the approach to taller buildings in the Plan. The approach to taller buildings includes a strategic map (Fig. 21); a set of assessment criterion (s.17.6.3); a set of development principles for each of the identified areas (s. 16.4) and a definition of taller buildings (s.17.6.2). Policies SC17, SC18 & SC19 relate to the incorporation of taller buildings in the city. Chapter 5 is entitled 'connecting and sustaining the city's infrastructure' and relates to transport, access,

pedestrian movement and connectivity. In addition, it deals with water, drainage, waste, energy and telecommunications. Chapter 6, 'greening the city', considers green routes and networks including open spaces and recreation.

Character and culture is considered at chapter 7 this includes at section 7.2 the built heritage where it is stated that the challenge for the next decade is '*to protect the unique character and qualities that character the city and create its attractiveness'* It is noted that does not imply that Georgian or historic Dublin should be a 'museum piece' but rather that *'the historic fabric requires sensitive modern infill projects, complementary buildings which mutually respect their surroundings'*. It is stated at section 7.2.4 that one of the approaches to be taken in protecting and enhancing the city's built heritage is '*emphasising the regeneration of the north Georgian core to its former cultural and historic importance so as to leverage economic and social benefits for the entire city'*. Policies and objectives are set out in section 7.2.5 and relate to protected structures and the built heritage and conservation areas including policies FC26, FC27 and policies FC39-FC44 which relate to conservation areas. Historic urban villages, streets and public buildings are addressed at section 7.2.5.4 with policy FC45 promoting the regeneration and enhancement of the North City Georgian squares and the North Georgian Mile with public enhancement schemes, cultural initiatives and specific development polices. Policy FC46 seeks to protect and enhance the important civic design character of Dublin's Quays, Squares and historic public spaces.

The following structures in the vicinity of the site are included in the Record of Protected Structures: Mater Misericordiae Hospital; No's 30-67 & 70-81 Eccles Street; St. Joseph's Church, Berkeley Road; No's 1-7 & 16-17 Berkeley Street; St. George's Church on Hardwicke Place; No's 9-12 & 31-36 Nelson Street; No's 1-12 Synnott Place. Conservation Areas are designated at the junction of Eccles Street and Berkeley Road incorporating the Old Mater, St Joseph's Church and Four Masters Park; Blessington Basin, Mountjoy Square, Parnell Square, North Great Georges Street and Royal Canal. Architectural Conservation Areas are designated at O'Connell Street, Prospect Square/De Courcy Square with proposed ACA's at Phibsborough Centre, Great Western Square and Blessington Basin/Fontenoy Street.

Making Dublin the Heart of the region' is the focus of Chapter 8. Chapter 9 deals with 'revitalising the City's economy'. Section 9.4.4 relates to Clusters and Corridors which, it is considered, generate key economic benefits. Policy RE19 (i) encourages the regeneration of the city centre zoned area though the promotion and facilitation of innovation clusters and the intensification of existing clusters such as the Mater Hospital, James' Hospital and the Digital hub. The second element (ii) of Policy RE19 recognises the strategic role of the hospital complexes in the city including the Children's hospital of Ireland having regard to their national medical function, their role as major employer in the city, as a generator of significant economic benefits for the

economy of Dublin's inner city centre, and a promoter of the knowledge of the knowledge economy through research and education links with third level colleges in the city.

Chapter 16 of the Plan sets out the Guiding Principles with section 16.1 dealing with public realm, urban form and architecture. At section 16.1.10 it sets out core objectives in the delivery of a quality urban environment. Part 4 of same refers to the Georgian core which it states is remarkable in terms of scale and setting and states that *'contemporary architectural intervention and expression must match the quality and longevity of earlier models while serving to strengthen or remake place as appropriate'.* Green Infrastructure (s.16.2) requires sustainable site design. Section 16.4 sets out principles for building height in a sustainable site with general principles at section 16.4.1 with principle for key development areas (figure 21) including Phibsborough (6) with reference to impact on protected structures, making attractive contributions to the skyline and protecting important views (with reference to the LAP).

Development standards are included in Chapter 17 including design, layout, mix of uses and sustainable design (s.17.1), public open space provision on Z15 lands is 25% (17.2.3) landscaping (s.17.2), density standards (s.17.3), site coverage (s17.5) with an indicative site coverage of 45% on Z15 lands, building height in a sustainable city (s.17.6) where it is the policy of the Council '*to continue to protect and enhance the skyline of the inner city and to ensure that any proposals for high buildings make a positive contribution to the urban character of the city, and create opportunities for place-making identity in the outer city'.* Section 17.6.1 outlines areas with potential for up to 50m which include Phibsborough with the definitions of a high building set out in section 17.6.2 with Phibsborough considered suitable for mid-rise of up to 16 storeys residential/12 storeys office with a height of up to 50m. Assessment criteria for high buildings are set out at section 17.6.3 and are grouped under the following headings, urban form and spatial criteria; environmental/sustainable criteria; social criteria; economic criteria; transport and movement criteria; and cultural criteria. Protected structures and the built heritage are set out in section 17.10 with section 17.10.8 setting out standards in respect of development in conservation areas and architectural conservation areas. Car parking is considered in section 17.40 with cycle parking at section 17.41.

Appendix 5 includes travel plans, with transport assessment included in Appendix 6, strategic cycle network at Appendix 7 and roads standards at Appendix 8. Protected structures and buildings in conservation areas are included in Appendix 10 with proposed architectural conservation areas (ACA's) in Appendix 11. It is noted that it is stated that in accordance with the recommendations of the Phibsborough/Mountjoy LAP that ACA's are proposed for Phibsborough Centre, Great Western Square and Blessington Basin & Environs.

5.3.2 Phibsborough/Mountjoy Local Area Plan 2008

The LAP sets out a vision for the regeneration of Phibsborough/Mountjoy as a sustainable integrated urban neighbourhood, or an Urban Village. Phibsborough's designation as a prime urban centre in the previous City Plan is outlined. The development strategy aims to promote Phibsborough Village Centre as the commercial hub of the area flanked by new mixed use developments at Mountjoy Prison and Dalymount Park with the Plan also facilitating the development of the Mater Hospital. A key mixed use objective (5) supports the development of the Mater Hospital as the National Paediatric Hospital and to exploit complimentary spin-off medial and related uses throughout the LAP area. The delivery of the Paediatric Hospital is also promoted as a key economic development objective. Urban design and urban structure objectives are outlined in addition to objectives relating to the public realm.

Key building height objectives are set out and it is noted that the LAP's building height strategy is based on established urban design principles – respect for the identity and character of the receiving context; achieving sustainable densities in new infill development; location of taller landmark buildings in appropriate locations within the plan area; creating attractive and pleasant open spaces and a quality public realm. In addition, key landmark objectives are set out which include the support of the development of a cluster of taller buildings on the Mater Hospital site to assist the delivery of the National Paediatric Hospital. An additional objective includes the requirement that proposals are sensitive to the local context and protect established residential amenity, historic buildings and open spaces in addition to protecting important views and vistas in the LAP area. Key heritage and conservation objectives are also included in the LAP and refer to ensuring that the historic context and setting is fully considered in the assessment of all new development proposals. It is also proposed to provide for the designation of ACA's at Great Western Square and Blessington Basin.

The Mater Hospital site is specifically considered as a key development site within the plan area. The Plan states that the LAP seeks to capitalise upon the economic, social and cityscape opportunities which will result. The LAP sets out indicative proposals for the design and spatial organisation to ensure permeability and accessibility in a manner which maximises the advantages from Metro North. The LAP vision is to develop a permeable campus environment with the LAP cognisant of the floorspace required and flexible on urban form and density in addition to building height. The Plan seeks a design solution which is of the highest quality in respect of innovation, distinctiveness and originality with each building set within a cohesive design context taking into account the group of buildings within which it is associated. A clear rationale for the design choices is a requirement with the optimum form of development considered to emerge from a masterplan approach focused on the particular character of the area. It is stated that a medical campus of the scale proposed should include ancillary retail, services and commercial units particularly at ground floor level.

The LAP vision for the integration of the site into the area centres on reinstating and enhancing the existing courtyard structure introducing permeability through the site through connected spaces. The LAP proposes an open space addressing the NCR and a new north-south route from Eccles Street to the NCR through the site allowing permeability and reopening of the internal courtyard as part of the remodelling and conservation of the original Mater. The LAP does not impose a maximum plot ratio or quantum of development in so far as they are compatible with the overall height objectives of the LAP. It is stated that '*however the optimum form of development will take due regard to the established historic character of the adjoining buildings*' and it will be considered, it is stated, in the context of the effect of the development proposals on the local microclimate, views and the skyline of the city. It is stated that '*every effort must be made to ensure that increases in height will not have any negative overshadowing effects on adjoining properties or impact negatively on the setting of the protected structures both on the site and its periphery'*. The key site objectives are set out on page 77 of the LAP.

Variation No. 35 of the Dublin City Development Plan 2005-2011 enabled the implementation of the LAP in accordance with the site frameworks for each of the Key Development Sites.

5.4 GOVERNMENT AND HEALTH SERVICE POLICY

The following sets out a brief synopsis of documents referred to in the planning documentation which are said to form the Government policy relating to the proposal herein. It should be noted that this is not intended to provide a synopsis of all documents informing such policy. A copy of each of the documents is in the pouch.

5.4.1 The National Health Strategy 'Quality and Fairness: A Health System for You' (2002 – 2011)

This strategic review of health services in Ireland included a recommendation for a review to focus on the future organisation and delivery of hospital services for children. This included seeking to determine the most effective configuration of tertiary services.

5.4.2 'Children's Health First' McKinsey Report (2006)

The report commissioned by the HSE sought advice on the *'strategic organisation of tertiary paediatric services for Ireland in the best interest of Children'*. The report was required to be evidentially based and would, it is stated, be used to inform the HSE on future decisions on paediatric care. The report concludes that the evidence for one national tertiary paediatric centre based in Dublin is compelling. It is further stated that all of the experts drawn upon emphasised the value of concentration of sub specialist services and the clear need for this centre to be co-located with an adult academic hospital.

5.4.3 Report of the Joint HSE/Department of Health Task Group to Advise on Location of new Paediatric Hospital 2006

The Task Group was established in February 2006 to progress matters and in particular to advise on the optimum location of the proposed new hospital. The report set out assessment criteria and requested information, considered submissions, assessed site location and recommended the optimum location for the new Hospital. Section 8.1 of the report sets out the conclusions and recommendation on the location of the paediatric hospital under headings including co-location, planning and development considerations, access, governance, other considerations, speed of project delivery and maximising paediatric aces to relevant off site adult sub-specialities. The conclusion states that after consideration of all of these factors the Joint Task Group advised, in May 2006, that the new national tertiary paediatric hospital should be built on the site of the Mater Misericordiae Hospital. The decision was adopted as Government policy in June 2006.

A **Joint HSE/Department of Health and Children Transition Group** was established in July 2006 and was required to progress a number of actions including: dealing with the transfer of the site from the MMCUH; defining a high level framework brief for the new hospital; determining the scope and location of the urgent care centres; determining co-ordination of policies between the new and existing hospitals; establishing a development board for the new hospital and considerations relating to the co-location of Maternity services.

5.4.4 The National Paediatric Hospital Development Board (Establishment) Order 2007

The objective of this Order was to plan, design, build, furnish and equip a hospital and to prepare plans for the transfer of services from the three existing Children's Hospitals to the new hospital.

5.4.5 RKW Report – High Level Framework Brief for the National Paediatric Hospital (October 2007)

The Joint HSE/Department of Health and Children Transition Group engaged RKW, a Healthcare strategy consultancy in December 2006 to define a high level framework brief for the new hospital to be given to the Development Board to form the basis for its work in developing the new design brief. The report was completed in October 2007 and also examined the potential for urgent and ambulatory activity to be provided in Greater Dublin in Ambulatory and Urgent Care Centres (A/UCCs) which would be operated and staffed, it stated, by the National Paediatric Hospital, sharing its brand and providing services and environments of the same quality as those at the Tertiary Centre. The report at Section C3 (Part 3) sets out the preferred configuration on the Mater Site which recommends an integrated and concurrent build with Maternity. It also states that while consultation with town planners is outside the remit of the framework brief

and would follow that a consultant on RKW's behalf had informal discussion with the Planner with the HSE to discuss site development potential and it was reconfirmed that the authority was receptive to a denser and higher development on the site compared to earlier applications.

5.4.6 One Step Closer – Key Points of the High Level Framework Brief for Irelands New National Paediatric Hospital October 2007

This report sets out the key points of the high level framework prepared by RKW. It states that the brief sets out the key principles to inform the next stage in the development of the National Paediatric Hospital and sets out the model of care. The possible bed, facility and space requirements for the hospital are also set out with confirmation that the site at the Mater can accommodate those requirements.

5.4.7 National Model of Care for Paediatric Healthcare Services in Ireland

The report prepared by the National Paediatric Hospital Board and dated May 2010 set out the new national model of care for paediatric healthcare services in Ireland with an outline of the clinical and organisational framework for how and where paediatric healthcare services will be delivered, managed and organised in Ireland. The new Children's hospital, it states, is the core component of an integrated healthcare system based on a national network of interconnected elements.

5.4.8 National Paediatric Hospital Independent Review (July 2011)

The review comprised two parts. The first part comprised a financial analysis of the project to examine and independently verify the estimated cost differentials identified in relation to building and equipping and running the hospital if it were constructed on the site currently proposed or on a notional alternative site. It concludes that a change of site will not significantly reduce the development costs of the National Paediatric Hospital. The second part comprised a clinical review to examine whether the potential clinical benefits, if any, of locating a Children's Hospital beside the Adult hospital on the Mater site outweigh any cost differential and any design issues including access. The report concluded that while no one site has all of the requisite adult and current paediatric services that make that site a perfect choice, that given those services that are available, and the plan to consolidate others at the Mater site, that the Mater is recommended.

6.0 PLANNING HISTORY

The following references are considered to be the most relevant in the present instance:

Reg. Ref. 0316/94

Construct a helicopter landing pad in the existing car park of the hospital fronting Eccles Street.

Reg. Ref. 0122/99

The conservation, restoration and refurbishment of nos. 30-37 Eccles Street, (List 2) for use as an Out Patient Department - 30-37 Eccles Street.

Reg. Ref. 0496/02

Demolish an existing prefabricated hospital unit and link corridor and erect a new 5 storey over basement Hostel building, incorporating a new temporary entrance concourse and cafeteria to the Mater Hospital between No.38, Eccles Street and the old Mater Hospital building. The proposed development also included works within the curtilage of the protected structures.

Reg. Ref. 4929/03

Upgrading and extension of the existing Mater Misericordiae University Hospital including demolition and new build and also the relocation of the Children's University Hospital from Temple Street to the Mater Complex to be accommodated in a new building generally located at the eastern side of the Mater complex on the site of the existing surface car park. Demolition of a number of structures on site of approx. 11,054 square metres as follows: College of Nursing building facing onto North Circular Road, Rosary House to the rear of Nos. 30-38 Eccles Street, building 1A Ophthalmic Theatre existing entrance ramp from Eccles Street, part of concourse building, part of energy centre and plant, Child and Family Guidance building facing North Circular Road, adjacent store, ancillary and temporary structures. The proposal comprised a new five storey adult hospital (approx. 28,950 sq.m.) on the northern side of the site linking to the northern and eastern sides of the existing phase 1A building; new lift shaft and lobby (approx. 240 sq.m.) on the northern side of the existing phase 1A building linking it with the proposed new adult hospital; new four storey over basement adult ward accommodation (approx. 6,085 sq.m.) connected to the south of the existing phase 1A building; new five/six storey over basement building to accommodate the Children's Hospital (approx. 30,003 sq.m.) on the southern side of the site facing Eccles Street; new nine storey structure with rooftop helipad to provide central concourse area (approx. 5,465 sq.m.) linking proposed adult and children's hospitals; new four storey pathology and technical services building (approx. 4,982 sq.m.) facing North Circular Road and linking to the new adult hospital building; 800 space new two storey basement car park accessed via Eccles Street.

Reg. Ref. 2563/05

The development comprised revisions to the planning permission granted by Dublin City Council under planning register reference no. 4929/03 for upgrading and extension of the existing Mater Misericordiae University Hospital including demolition and new build and also the relocation of the children's university hospital from Temple Street to the Mater complex to be accommodated in a new building. The amendments now proposed comprise additional two floors ward accommodation (2,223 sq.m.) to provide new four storey over basement adult ward accommodation; also new basement area (2,909 sq.m.) under this block for future hospital facilities, and also new rooftop plant (541 sq.m.); also additional one floor (1,281 sq.m.) for laboratory space to approved four storey pathology and technical services building facing North Circular Road and linking to the new adult hospital building; also new basement area (144 sq.m.) under this block for plant and services; also additional one floor (804 sq.m) to approved phase 1a ward block for administration use.

Reg. Ref. 5449/07 & An Bord Pleanála Ref: PL29N.226878
Permission to modify these planning permissions Reg. Ref. 4929/03 and 2563/05 by omitting the permitted Children's Hospital element, as well as other specified buildings, plus the addition of floor area (including an extra floor) to the permitted new Adult Hospital, as well as other modifications required to take into account the omission of the permitted Children's Hospital element.

Reg. Ref. 2080/08
Revisions to the planning permission granted by Dublin City Council under planning register reference no. 4929/03, as modified by planning permission register reference nos. 2563/05 and 5449/07. Revisions to the permitted development to provide for the increased accommodation requirements to the permitted Adult Hospital to allow it to function as a stand-alone scheme by adding additional floors to the permitted structure. The permitted six storey Adult Hospital (five storeys plus level of roof-top plant rooms) facing onto the North Circular Road to be increased in height by three floors plus an additional lift core level (which also includes plant area) creating a new nine storey (eight storeys plus level of plant rooms) plus an additional lift core level. (This equates to ten storeys in total, including the lift core level, with levels numbered from 0 to 9). The proposal contains 2 underground levels including a total of 447 no. car spaces & 164 bicycle spaces. The gross floor area added to the permitted Adult Hospital would be 12,430 sq.m. with, 11,405 sq.m. of internal changes to the permitted structure. The new total gross floor area for the permitted development as a result of this proposal would be 54,903 sq.m. approx.

Reg. Ref. 3655/10
The revisions specifically consist of the widening/redesign of the permitted Mater Adult Hospital vehicular access ramp off Eccles Street, adjacent to the boundary with the Mater Private hospital (from 7.1 metres wide to 12 metres wide), to include the

provision of an additional vehicular access lane and two bicycle lanes to the two permitted vehicle lanes. The revised ramp will provide access into the permitted Mater Adult Hospital basement car park at level -1 and will be covered by a widened pergola, as per the permitted ramp design. The lanes at either side of the widened ramp will provide ambulance access and egress to the permitted ambulance yard to the north of the ramp. This proposal includes related amendments to part of the permitted Mater Adult Hospital's level -1 car park. Permission is also sought for related relocation of the permitted security hut (gross floor area of 17 sq.m.) which will remain at the entrance to the revised ramp, and all associated site development and ancillary works. There is no increase in car parking spaces as permitted under register reference nos. 4929/03, 2563/05, 5449/07 (An Bord Pleanála Ref. PL29N.226878) and 2080/08 and no other change to the permitted development.

PL06F.NA0003
Metro North – Railway Order for railway works between Belinstown, County Dublin, and St. Stephen's Green, Dublin 2, including a Metro Stop at the Mater Campus with two pedestrian entrances (at the North Circular Road and at Eccles Street) was confirmed for the Railway Procurement Agency - St. Stephen's Green, Dublin 2 to Belinstown, County Dublin

The Mater Private – Ref. 3071/11
The most recent application approved on the Mater Private site was for development at a site of 0.6087ha which would increase part of the Eccles Street (south) elevation of the hospital by one storey to provide six storeys to correspond with the height of the existing west wing, plus extensions to existing floors resulting in an increase to part of the Eccles Place (north) elevation by one to three storeys to provide a maximum of five storeys plus rooftop plant. The overall gross floor area would increase from 18,433sqm to 21,786sqm.

7.0 ASSESSMENT

Having examined the file, considered the prevailing local and national policies, inspected the site and assessed the proposal and all of the submissions, including those made at the oral hearing, I consider the key issues in this case to be the following which are addressed in turn in the assessment:

- Legal and Procedural Matters
- Suitability of the Site to Accommodate the National Paediatric Hospital
- Compliance with City and Local Planning Policy
- Visual Impact
- Architectural Heritage
- Traffic, Access and Parking
- Impact on Residential Amenity
- Landscape, Open Spaces and Microclimate
- Development Contributions
- Community Liaison, Community Gain and Planning Gain
- Other Matters
- Environmental Impact Assessment

7.1 LEGAL & PROCEDURAL MATTERS

7.1.1 Environmental Impact Assessment (EIA)

Refer to section 7.12 below.

7.1.2 Strategic Environmental Assessment (SEA)

There was considerable discussion at the oral hearing about obligations related to the Strategic Environmental Assessment Directive 2001/42/EC and the consideration of alternatives in respect of same. While I am aware of the requirements of the SEA Directive I would note that An Bord Pleanála has no role in respect of SEA and in this regard I do not consider SEA is a relevant consideration in this assessment. I would however refer to Section 34(13) of the Planning and Development Act 2000, as amended which states: '*A person shall not be entitled solely by reason of a permission under this section to carry out any development*'.

7.1.3 Appropriate Assessment (AA)

The applicants have included at the Appendix to Chapter 6 in Volume 3 of the EIS a report entitled appropriate assessment in compliance with the requirements of Article 6 of the Habitats Directive (Council Directive 92/43/EEC). The report comprises a Stage One screening assessment for AA which, as it is stated in section 1.3, seeks to identify the likely impacts upon Natura 2000 sites of a plan or project and considers whether any such impacts would be significant. The report outlines the Natura 2000 sites within 15km of the subject site of which there are 13. It also outlines the elements of the

proposal which may give rise to impacts on the Natura 2000 network which include emissions to air, water supply and treatment, site drainage and bird strike hazard. It then outlines the design measures/mitigation measures put in place to avoid impacts. The report then sets out the potential direct, indirect and secondary impacts of the proposal on each of the sites with no impacts predicted. Likely changes to the sites are also examined of which none are predicted. A finding of no significant impacts matrix is included with the Stage One screening assessment concluding that the proposal will not have a significant negative impact on any Natura 2000 site with no requirement for a Stage Two assessment. I consider that the matter had been satisfactorily addressed.

7.2 SUITABILITY OF THE SITE TO ACCOMMODATE THE NATIONAL PAEDIATRIC HOSPTIAL

7.2.1 The Development of a National Paediatric Hospital

At the outset, I consider it important to point out that the role of An Bord Pleanála is not to select a site for any particular development. The role of the Board is to consider the merits of the development proposed on the subject site in respect of proper planning, sustainable development and environmental effects. There was much discussion at the oral hearing and in the submissions to the Board about the suitability of the site from a medical perspective, the site selection process, expansion and the development brief which led to the application now before the board. In this regard, I intend to address the following issues as they relate to the proposal and the role of the Board in respect of same.

7.2.2 Capacity and Expansion

As is clear from the documentation submitted the proposed facility would comprise a National tertiary hospital and Dublin secondary hospital. While the applicants stated that the hospital was designed to the 2030 projected population, I note that McKinsey projected to projected 2020 population. The McKinsey report in Chapter 5 presents a number of scenarios and concludes in Chapter 6 with a recommendation on bed spaces derived from the configuration of tertiary paediatric services for Ireland and secondary services for Dublin. The report concludes by providing a bed demand for Dublin based tertiary centre with referred and local tertiary care, combined with Dublin's secondary care needs as follows: Dublin Referred and Local Tertiary Needs – 96 non-ICU, 54 ICU and Dublin Secondary Needs – 189 non-ICU, 41 day care beds with a total of 380 beds of which 285 are non-ICU, 54 are ICU and 41 are day care.

The next stage in the process culminated in the report of the Joint Health Service Executive/Department of Health and Children Task Group to advise on the optimum location of the new national paediatric hospital. The Task Group which was established in February 2006 sought to agree assessment criteria and consider and assess the potential sites with a recommendation on the optimum location provided. The report

addresses co-location/tri-location as prominent considerations and provides a design template based on the McKinsey recommendation.

The matter of capacity and expansion were discussed in detail at the oral hearing. The applicant's agents referred to the architectural design statement included with the application which addressed the matter by stating that 'in general we ask the Board to note that there is an expansion factor built into the brief area schedule to cater for increased service requirements to an expected children's population peak in 2021 but notwithstanding this, expansion is incorporated in three ways. Firstly, capacity for expansion through reservation of space for further capital development. This relates to the development of the Maternity Hospital in a zone reserved between the proposed Children's Hospital and the North Circular Road. The provision of a number of possible internal expansion zones including two part additional floors to the north block running along the back of the hospital between levels 7 and 8 allowing approximately 1,580 sq.m. Shell space within the current proposal is also suggested and includes an area of approximately 220 sq.m of development to the rear north east corner of the Emergency Department. In addition the shell spaces of approximately 225 sq.m for future PET CT and MRI adjacent to the proposed MRI at Level 2 is proposed. This is a total of 2025 sq.m and 1.87% of the proposed floor area of the facility.

It is also suggested that expansion could be facilitated through the use of administration space adjacent to the diagnostic imaging department, directorate/administration spaces on level 3 could facilitate space for additional theatre space, conversion of the proposed 30 bed cardiology inpatient accommodation could be converted to provide additional critical care accommodation and finally the education space on Level 15 could be allocated for future ward accommodation. There was considerable discussion at the hearing about the merits of these options which noted that there would be shared services with the proposed Maternity facility. The 1 hectare Temple Street site was also mentioned with the modelling of the hospital up to 2030 stated to be inherent to the expansion requirement. It was stated on numerous occasions that the facility is designed up to 2030 but I would note that is no reference in any of the documents presented as to the basis for same other than to the peak population of 2021. Future expansion for ambulatory care was also outlined in some detail.

While I note the evidence provided to the hearing such as from Dr Fin Breatnach of the New Children's Hospital Alliance who outlined in his statement of evidence to the hearing of hospitals including facilities mentioned by McKinsey which have been extended or rebuilt since their initial construction due to the need to expand. These included Our Lady's in Crumlin, Hospital for Sick Children Toronto, Manchester's Children's Hospital and Texas Children's Hospital. The matter of expansion is not, in my opinion, a material consideration for the Board. The brief that has been developed has emerged from Government policy and the Board are not charged with adjudicating on

the sufficiency or otherwise of the brief provided. While it is clear to me that an inner city site of c. 2 hectares would not or could not facilitate the same level of expansion which would be available on a greenfield site or the site of an existing facility with available space, expansion was only one matter outlined in the design brief which was tasked by a government appointed group. Execution of the design brief is the responsibility of the applicant which was established with the sole purpose of delivering the hospital development. The role of An Bord Pleanála is to determine whether the development as proposed is or is not appropriate in respect of its impact on the local and citywide environment in planning, sustainability and environmental terms.

7.2.4 Other Related Services;

The proposed development before the Board does not include the Tallaght Ambulatory/Urgent Care Centre or any other A/UCC and any such proposal would be the subject of a separate application/s. I would however acknowledge that the development of these A/UCC's and most particularly the Tallaght A/UCC are, as Dr Michael McDermott stated at the oral hearing, of significance in relation to the functioning of the Eccles Street facility. However the matter of services to be provided at these A/UCC's and their role within the hierarchy of paediatric care are not a material planning consideration to which the Board must have regard. Similarly, in respect of Research, Education and the Genetics Service I would note these matters are not relevant to the Board in respect of its role in this instance.

7.2.5 Co-location/Tri-location;

Mr. John Cole, Chairman of the European Health Property Network amongst other roles provided evidence to the oral hearing on co-location. Three examples of the approach of co-location and tri-location were outlined. The Royal Victoria Hospital in Belfast was referenced where the next phase of the on-going major development of the site will re-provide the maternity and children's hospitals as a physically integrated facility that will be physically linked to the acute hospital on site. The New South Glasgow Hospital Campus is currently being developed with a completion date of 2015 envisaged with maternity, paediatric and acute adult services in an integrated site model. Reference was also made to proposals to relocate the current standalone Children's hospital in Edinburgh to the site of the Royal Edinburgh Infirmary outside of Edinburgh where it would be co-located with adult and maternity services. Mr. Cole also referred to the proposal in Brighton where a newly complete Children's Hospital has been recently relocated from its standalone location to be co-located with adult acute and maternity facilities. I would note that the Royal Victoria Hospitals in Belfast are within a campus with a site area of 28.3 hectares (70 acres). The New South Glasgow Hospital Campus is of a similar size. The Brighton facility is the only one proposed by Mr. Cole which appears to be located in a central location on a site which appears to be already committed to development.

While I note that a maternity hospital has been incorporated into the site masterplan and the proposal provides that the services undertaken currently at the Rotunda hospital would be transferred to a new facility on the Mater site, no plans have been produced nor are there any timelines for same. Notwithstanding, the maternity proposal is outside the scope of the Board's role in this regard. I would note that the design team including Mr. Sean Mahon stated that designs were being progressed. The examples proposed by Mr. Cole support his case, in my opinion, in respect of co-location and tri-location from a strategic planning perspective. What I have reservations about however is the glaring differences between the subject site and the sites presented to the Board by Mr Cole particularly in respect of space. I have enclosed in the pouch site plans and other material relating to the hospitals mentioned by Mr. Cole. I would note that the entire Mater campus extends to 6.2 hectares of which 2.04 hectares is proposed for the Children's and Maternity facilities with the remainder committed to the existing hospitals on site.

7.2.6 Conclusion

The role of the Board is to determine whether the proposal before the board accords with the proper planning and sustainable development of the area and to consider the environmental effects on same. The board is not tasked with approving or seeking to resolve a brief which has emerged through Government Policy. The ability of the site to address the requirements of the brief are, in my opinion, a matter for those charged with developing the Children's Hospital of Ireland. The planning and environmental impacts of that brief on the local and city environment are matters for the Board and which I will now address in turn.

7.3 COMPLIANCE WITH CITY AND LOCAL PLANNING POLICY

The compliance of the scheme with planning policy as set out in the current City Development Plan and Local Area Plan pertaining to the site was the subject of considerable discussion both in the written submissions and at the oral hearing. I would note at this juncture that I intend to look in this section at the policies and at their application in design and impact terms which I will address in turn as follows.

7.3.1 Dublin City Development Plan – Strategic Policies

Policy RE19 (ii) as set out in the City Development Plan '*recognises the strategic role of the hospital complexes in the city including the Children's Hospital of Ireland having regard to their national medical function, their role as a major employer in the city, as a generator of significant economic benefits for the economy of Dublin's inner city, and a promoter of the knowledge economy through research and education links with third level colleges in the city'*. The selection of the Mater site for the subject proposal has been incorporated into planning policy as a mechanism to facilitate the regeneration of this area. The report of the Dublin Assistant City Manager to the Board in respect of the proposed development states as follows: "*while it is clear that a building of this scale*

will impact significantly on the character of the city, this is an inevitable part of the compromise necessary to achieve development in inner urban areas and it is the planning authority's view that they are outweighed by the positive contributions which this scheme will make to the city centre".

There is an acceptance by the City Council that the impacts likely to derive are an appropriate compromise in the quest to secure a catalyst for regeneration. This theme was further expounded in the City Council submissions to the oral hearing where in the closing statement the City Architect states that '*the economic generator of the Children's Hospital affords a unique opportunity to secure support to enhance the remaining built fabric of the north Georgian core'.* The price paid in respect of the integrity of the north Georgian core is outlined in a separate section below but I note that this was not expressed by the City Council save for a short section in their written report to the Board which expressed serious concern at the potential adverse impact on the architectural heritage of the area.

While it is evident that the significant redevelopment of the subject site for a development of national significance such as that proposed could have positive outcomes in respect of regeneration, despite the local community's contention that such is not necessary, there is a significant issue of principle requiring consideration, in this regard. The rationale and central guiding principle underpinning the development of this National Paediatric Hospital should, in my opinion, be just that, the development of a state of the art medical facility for the Children of Ireland and not in my opinion to provide a catalyst, driver or opportunity for economic growth in the area. Developing this site in principle and the consequences of same are two separate matters. If the perceived regeneration/economic growth were to occur it should be an ancillary impact of the provision of the medical facility not the principle and primary objective for facilitating the development on this site of such an important medical facility within such a sensitive receiving environment.

7.3.2 Dublin City Development Plan – Site Specific & Development Standards

7.3.2.1 Zoning

The subject site is zoned Z15, the objective of which is, to provide for institutional, education, recreational, community, green infrastructure and health uses. It is stated that with any development proposal on these lands, '*consideration should be given to their potential to contribute to the development of a strategic green network'*. It also states that development at the '*perimeter of the site adjacent to existing residential development shall have regard to the prevailing height of existing residential development and to standards in section 17.9 in relation to aspect, natural lighting, sunlight, layout and private open space, and in section 15.9 in relation to the avoidance of abrupt transitions of scale between zonings'*. The matter of height and impact on residential amenity are outlined in detail below and are most appropriately discussed

under those headings. I would however note that the proposal would not contribute to the development of a strategic green network as there is no open space proposed at ground level. The matter of open space is also considered in relation to the LAP objectives and discussed in the following section.

The requirement for 25% of the site to be committed to open space is not, in my opinion, a relevant consideration in this particular instance as there is a proviso that it shall be set aside for open space and/or community facilities. The proposed use would, in my opinion, comprise a community facility. However, contributing to the strategic green network as also envisaged in the key site objectives of the LAP is a relevant consideration, in my opinion, and is discussed below. I would note that much of the adjoining area and a large proportion of the historic northern inner city is zoned objective A8 which seeks to protect the existing architectural and civic design character, to allow only for limited expansion consistent with the conservation objective. The matter of the protection of the architectural heritage of the area is outlined separately at section 7.5 below.

7.3.2.2 Policies relating to Height

The City Plan deals with height, the most contentious design issue in my opinion, with the approach to tall buildings set out at section 4.4.4.1 of the Plan. This sets out the 4 approach strands – the strategic map (Figure 21), a set of assessment criteria (s.17.6.3), development principles (s.16.4) and a definition of taller and mid-rise buildings (s. 17.6.2). A number of policies are also set out which include policy SC18 which states as follows: '*To protect and enhance the skyline of the inner city, and to ensure that all proposals for mid-rise and taller buildings make a positive contribution to the urban character of the city, having regard to the criteria and site principles set out in the Development Standards Section (see Chapter 17). In particular all new proposals must demonstrate sensitivity to the historic city centre, the river Liffey and quays, Trinity College, The Cathedrals, Dublin Castle, the historic squares and the city canals, and to established residential areas, open recreation areas and civic spaces of local and citywide importance*'. At section 17.6 of the City Plan, it identifies areas appropriate for high buildings with Phibsborough identified as an area with potential for up to 50 metres. It states in this section of the Plan that '*where an LAP/SDZ is approved for an area identified for height, the heights set in the relevant LAP/SDZ will be those against which planning applications are assessed. Proposals for high buildings should be in accordance with these principles and the policies and objectives of the relevant LAP/SDZ in addition to the assessment criteria for high buildings and general development standards'*.

Reference is then made to the principles set out in Section 16.4 of the Plan which include general principles at section 16.4.1 and at section 16.4.2 there are specific

provisions for Phibsborough at subsection 6 which in addition to referring to the Phibsborough/Mountjoy Local Area Plan require that high buildings:

- Ensure that height and massing do not impact negatively on protected structure and the social and historic heritage of the area;
- Ensure that high building create a visually and architecturally coherent and attractive contribution to the skyline in terms of slenderness ratio and height;
- Protect and frame important views and vistas and to ensure proposals for high buildings will have no negative local or city-wide views.

In relation to the City Plan and particularly to policies relating to Phibsborough as outlined above I consider these three criteria are of merit in the consideration of this proposal. The first and third criterion relating to impact on protected structures and the social and historic heritage of the city and protecting important views and vistas and local and city-wide views are considered in detail in sections 7.4 and 7.5 below. The second criterion seeks to ensure that high buildings create a visually and architecturally coherent and attractive contribution to the skyline in terms of slenderness ratio and height. This is also in my opinion a factor of visual impact which is discussed below. I would note however, that the building does not comply with the slenderness ratio.

7.3.3 Phibsborough/Mountjoy Local Area Plan

At the outset I consider it beneficial to summarise the situation in relation to the LAP and its objectives. The applicant and City Council are of the opinion that there are no prescriptive limitations on the subject site by way of height restriction or the provision of a specific quantum of space while a number of the prescribed bodies and observers opine that the restrictions set out in the LAP particularly in relation to height apply to the subject site. The LAP sets out in Section 5 what it states to be the LAP Development Strategy with Section 6 setting out individual site framework strategies including one for the Mater site. Section 5 deals with a range of land use and urban design objectives and standards and the development strategy for the LAP area stating that on the key sites the challenge is to plan for their redevelopment in a manner which integrates new development into the urban context of the area, maximising community gain, promoting sustainable communities, ensuring an appropriate intensity of development and delivering the conservation of structures worthy of protection. It states further in the strategic aspect of the strategy that in addition to the objectives contained in Chapter 5, site specific objectives for the key development sites are set out in Chapter 6.

I consider the most rational starting point in respect of the LAP is the key development site brief for the Mater Site which is contained in the Plan with the specific key site objectives pertaining to the Mater site which are set out at page 77. I consider that these objectives deal with many of the design issues raised and where they are not raised I will address the matters separately following same.

The site brief contains an outline of the LAP vision for the site which it states is to develop a permeable campus environment which integrates with the wider urban structure. It further states that the integration of the hospital into the area is 'centred' on reinstating and enhancing the existing courtyard structure and introducing permeability. A new north south route is proposed through the campus. The Plan also states that it is cognisant of the significant quantum of floorspace required and will be flexible with regard to urban form and density of development including building height. The LAP includes an indicative site layout for the site. It is stated that the Metro North will contribute significantly to the sites suitability as a major medical, employment and economic destination. It is stated that the LAP *'does not impose a maximum plot ratio or quantum of development on the Mater site insofar as these are compatible with the overall height objectives of this LAP'* (my emphasis).

It is further stated that the optimum form of development will have due regard to the established historic character of the adjoining buildings and the plan will be considered in the context of existing and proposed open spaces together with the effect on local microclimate, views and the skyline of the city. Open space, impacts on the local micro-climate, views and the skyline of the city are all considered in turn within this and the next sections of this report. I will deal with each of the key site objectives now, in turn many of which do not require any meaningful consideration as part of this assessment. The matter of height and scale is not specifically included so I will deal with those matters separately below.

The **Key Site Objectives** for the Mater site are assessed as follows:

1. *Provide an appropriate quantum of floorspaces in order to facilitate the development (of) the Mater Hospital as a world class medical institution and the delivery of a paediatric facility of national and international significance*.

This is a matter of principle, in my opinion, facilitating a large building with the proviso, I would point out that the quantum of floorpsace is appropriate (my emphasis). This assessment seeks to consider the appropriateness or otherwise of the proposal in terms of the proper planning and development of the area and the residual environmental impacts of the quantum of space proposed.

2. *Require the preparation of a detailed site specific masterplan as a pre-requisite to any planning application to address the future development of the site with regard to such issues as building height, quantum of floorpsace and accessibility in accordance with the objectives of the LAP.*

A masterplan was prepared and is included with the application documentation.

3. *Promote a design-led approach to density, building height and intensity of development.*

In response to this objective I would refer to the following comment at page 44 of the Architectural Design Statement included with the planning application documentation which states that '*in order to achieve the density of development required to provide the clinical requirements and to maintain the scale of Eccles Street, the new development must achieve a height which will impact on the character of the city quarter'.* It is clear therefore that the clinical requirements and the maintenance of the scale of the immediate street environment determined the design approach. The visual impact of the proposal on the immediate and wider area is discussed in the next section of this report.

4. *Require the use of high quality and vibrant architectural design, materials and finishes.*

The design and finishes proposed vary and are outlined in the development description at the start of this report. I would note the comments of the City Architects Department in relation to finishes and also to the proposed design and refinement conditions proposed at the oral hearing.

5. *Ensure that all buildings of significant height are of the highest architectural standard with landmark qualities in order for the site to function as a citywide destination.*

The building form comprises a large rectangular podium upon which an irregularly shaped structure sits appearing to float on top of the cuboid structure. The building proposed has in theory, in my opinion, been well considered by the Architects in respect of responding to the immediate environment within which it is situate. The scale of Eccles Street, as noted elsewhere in this section, was a central consideration in the design concept and that is clear from the design as it addresses Eccles Street. I consider that the Architects have developed a building where elements have been very carefully considered particularly the Eccles Street elevation. It is the proposal to place a structure of such height and scale within this environment, notwithstanding its set back, which is of particular concern. If landmark quality equates to visibility, I consider that the proposal certainly meets that criterion. The assessment of such visibility is considered in more detail in the next section.

6. *Require the preparation of an assessment of citywide strategic views to accompany planning applications for buildings of significant height*.

Preparing such a report and the implications of the findings of same are two different considerations in my opinion. Yes, a visual impact assessment has been prepared as part of the EIS which incorporates some strategic views. The conclusions reached in terms of impact and implications of same for the city are discussed in detail in that section below. Notwithstanding my considerations in respect of the impacts on those views which have been addressed, I have concerns as to the limited nature of the citywide strategic views assessed.

7. *Develop a campus style urban environment with a series of internal amenity spaces focused around the original historical hospital building.*

The building is designed as a single entity on a large rectangular floorplate. The building is not designed to be part of a campus style environment. Connections to other parts of the Mater campus are for operational purposes with the ground floor concourse the most significantly trafficked internal space. The internal amenity spaces are contained within the footprint and proposed secure zone of the building.

8. *Ensure the preservation of the amenity of adjoining residences, business and conservation buildings with regard to such issues as overshadowing, light spillage and noise.*

These matters are dealt with in detail in section 7.7 below.

9. *Provide for a clearly defined arrangement of open spaces which integrate into the emerging pedestrian route network for the area and provide north-south and east-west permeability through the site.*

The proposed development does not contribute to any arrangement of open spaces within the site as no open spaces at ground level are proposed. The footprint of the building and its access arrangement take up the entire site area dedicated to the Children Hospital. The remainder of the site is within the control of Mater Misericordiae Hospital and is not within the gift of the applicant to determine. In addition, permeability and pedestrian links through the site do not comply with the objectives set out in the LAP. The pedestrian links through the site do not incorporate any east west link as envisaged. Three north south access routes rather than links are proposed. The link adjacent to the Old Mater building is dependent on the removal of the glass connection between the hostel building and the Old Hospital and therefore is not likely to be usable upon completion.

The route through the hospital concourse is internal and is not intended to be a public thoroughfare for security reasons. The route to the rear of the properties on Leo Street along the eastern boundary was permitted as part of the Adult Hospital. However, I have concerns in respect of the amenity of this particular route, which while already permitted as part of the Adult Hospital would be unsuitable for pedestrian activity on occasion due to the wind environment created by the proposed development. This is outlined in more details at section 7.8 below. As I noted above, the comment at page 44 of the Architectural Design Statement included with the planning application documentation to me encapsulates the whole approach to the development of the site: '*in order to achieve the density of development required to provide the clinical requirements and to maintain the scale of Eccles Street, the new development must achieve a height which will impact on the character of the city quarter'.* The permeability

envisaged in the LAP has not materialised and this is a serious and material departure from the LAP, in my opinion.

10. *Contribute significantly to streetscape and public realm improvements along North Circular Road, Eccles Street and Berkeley Road.*

The public realm on Eccles Street is the only streetscape addressed by the proposed development and improvements to same are proposed in the subject application. They are considered acceptable.

11. *To seek the removal of unsympathetic building clutter in the vicinity of the original Mater Hospital building and the development of a new public plaza to the North Circular Road.*

The proposal does seek to remove unsightly clutter for the original Mater Hospital as part of the works to clear the site for the proposed development. The development of a new public plaza at the NCR boundary is not within the application boundary of the proposed development.

12. *Reinstate the historic quadrangle of the original hospital building as an open and accessible landscaped space.*

This space is not part of the application site nor is the applicant in a position to undertake same.

13. *Require the use of model best practice ecologically sustainable construction and energy efficient building technologies.*

I consider that every effort has been employed in the proposal to address this objective.

14. *Facilitate the development of a metro station, including a station entrance on Eccles Street, and to orientate and design buildings to maximise accessibility to Metro.*

This objective has been achieved.

15. *Require the preparation of a detailed mobility management plan.*

This has been prepared and the findings are assessed in Section 7.6 below.

7.3.4 Height

While there is a stated flexibility in respect of the height on the Mater site, the City Plan as set out above provides that while proposals should be assessed in respect of the heights in the relevant LAP they must also accord with the assessment criteria for high buildings. In relation to height the LAP states at page 75 that the LAP *'does not impose a maximum plot ratio or quantum of development on the Mater site insofar as these are compatible with the overall height objectives of this LAP'* (my emphasis). The key impacts of height i.e. impacts on visual amenity, architectural heritage and residential amenity are discussed in the following sections. This element of the assessment

considers the application of policy and compliance with same, in respect of height. There was considerable discussion at the hearing about what height objectives did or did not apply to the site. Councillor Emer Costello stated that in the preparation of the LAP the Local Councillors responsible for approving the Plan did not envisage a building of this height on the site. Legal Counsel for the applicant Mr. Jarlath Fitzsimons responded in respect of the interpretation of such plans by noting that interpretation is confined to the contents of the plan and cannot have regard to documents unless expressly incorporated. Therefore what the Members of the City Council envisaged or expected is not a relevant consideration. The relevant consideration is what is included in the Plan.

In her evidence to the Oral Hearing Ms. Claire White for the applicant outlined the approach to height taken by the Architects by stating that the volume of development indicated on the site layout indicated in the LAP for the Eccles Street elevation has been displaced elsewhere on the site. Thus, the scale of development envisaged to be incorporated within the LAP's indicative layout, in terms of the quantum of development permissible on the site, has been applied in a different format within the proposal. There were a number of other submissions in relation to height and particularly to the 50 metre limit in the Phibsborough area. The following is my opinion in relation to the matter of height.

The height provisions for landmark buildings within the LAP are set out on page 55 of the LAP and note at section 3 that proposed tall buildings should create a visually and architecturally attractive contribution to the skyline in terms of slenderness ratio (minimum 3:1) and height (Maximum 50m). This is the critical factor which caused such disagreement in the submissions and at the hearing. While, the key landmark objectives do not state that any site is exempt, the applicant and the City Council stated that these standards do not apply to the subject site. Indeed they stated that the height is totally flexible having regard to the 12+ storey objective on the indicative site layout. While I acknowledge that there is flexibility, I do not share the applicant or City Council's view as to the extent of the flexibility for a number of reasons. The indicative site layout provides that an element of the development proposed on the site can be 12+ storeys. In this regard I would note that the LAP has envisaged exceptional height for part of this site subject to certain provisos and I do not dispute that. However, it is clear that what was envisaged was a limited landmark structure for part of the subject site.

The applicants have applied in my opinion, in their displacement of the mass which they feel is permitted by the LAP, the 12+ element of the LAP over a far wider area of the site than that intended by the LAP. The dark blue 12+ storey element in the LAP is narrow and short in extent. It does not extend to the rear of the terrace at 30-38 Eccles Street nor does it extend beyond the junction with Nelson Street. The indicative 12+ storey element extends from opposite the eastern edge of No. 64 on the south side of Eccles

Street to opposite the western edge of No. 55 on the south side of Eccles Street and would be approximately 85 metres in length. The proposal provides that the ward block which comprises Level 9 to 16 extends to c.168 metres in length. This is approximately double the length of the high element envisaged for the site. While there is a narrow 6-12 storey element to the rear of the 30-38 Eccles Street the majority of the proposed building envisaged between the 12+ section and the Old Mater is 1-6 storeys in height.

Therefore I do not consider that the proposal complies with the objectives of the LAP in respect of height, as the proposal provides a far greater element of height on the site than envisaged. The applicants have taken one element of the indicative site layout and applied it to a far wider area than is expressed in the Plan. This is, in my opinion, clearly in contravention of the LAP. In addition, the exceptional height envisaged in the LAP indicative layout is set within the context of a permeable layout designed specifically, in my opinion, to absorb the height proposed. Therefore design and layout safeguards were specifically included in the indicative layout in order to mitigate and facilitate the height. These are specifically stated and included in the Plan and therefore are critical, material relevant considerations whose omission provides that the proposal in addition to contravening the LAP also immeasurably increases the impact of the height.

Furthermore, what was not anticipated, in my opinion, was the floor to floor heights of the development which has emerged in the final design. At the Oral Hearing, Mr Sean Mahon for the applicant in response to a query from me outlined the floor to floor heights of each floor above ground. These are included above in the description of the proposal. I would note that many of the floor to floor heights range from 3.8 to 5 metres. While I acknowledge that they may be essential for the operation of a Hospital what has emerged is a building of far greater height and impact than may have been envisaged in the LAP. This inevitably provides that a 16 storey building, while 16 levels, exceeds the expectations of those familiar with standard commercial structures which are commonly 3 metres from floor to floor. A 12-storey structure at 3 metre floor to floor heights would be 36 metres in height. A 16-storey structure would be 48 metres both below the 50 metre maximum in the Landmark Objectives.

While there is no maximum floor to floor height standard in the LAP, the effect of the floor to floor heights is to create, in my opinion a building of much greater height than was envisioned during the LAP process. The applicants have focused on the 12+ storey height provision for part of the site and the scale of development perceived to be permitted in the indicative plan but have failed to have regard to the limited extent of the exceptional height element, or incorporate the layout and permeability required in the vision outlined which I would contend is deliberately included in order to break up the mass of the development and the impact of the height. Therefore, I do not consider that the proposal complies in any reasonable or rational way with the LAP in respect of

height and the displacement argument, in my opinion, is unreasonable having regard to the sensitivity of the receiving environment.

7.3.5 Scale

In relation to scale I would refer to the comparative analysis presented by Ms. Mary Laheen on behalf of the Mountjoy Square Society in their submission to the Board and at the oral hearing. While it is clear from the application drawings that the proposal is of a scale which is incomparable with any of the existing buildings on the Mater site or its surrounds, the sketch demonstrates that the proposal is of a scale, particularly given its height, which is incomparable with any in Dublin City. I do not think it is necessary to provide an assessment of same. The sketch says all that is required to be said on the matter, in my opinion. The applicant in response presented a revised interpretation of the same comparative analysis but with the side profile of the proposed building used. While this is an interesting view and I do acknowledge that the scale is reduced, the side profile of the structures of the other buildings are not shown and in this regard presenting the proposed building in this context, while useful as an exercise, is somewhat misleading, in my opinion. The concerns I express above in respect of the extent of the highest element of the structure are also applicable to scale.

7.3.6 Conclusion

The LAP requires that any development at the Mater Site ensure increases in height will not have any negative overshadowing effects on adjoining properties or impact negatively on the settings of the protected structures both on the site and its periphery. These matters are addressed in the following sections. The applicant and Dublin City Council in their submissions to the Board and to the Hearing stressed the flexibility of the LAP in its approach to the Mater Site. The words flexible, exceptional and non-prescriptive were used liberally in respect of the application of city and local policy and standards in relation to height, layout and design. In my opinion, the applicants have chosen to use the flexibility afforded in the LAP, inappropriately in my opinion, in respect of height in order to achieve the scale of development necessary and have sacrificed all other objectives set out in the LAP which were incorporated, in my opinion to mitigate the impacts of the height.

This is summarised precisely, in my opinion in the Architectural Design Statement where, as I have already mentioned above, it was stated that '*in order to achieve the density of development required to provide the clinical requirements and to maintain the scale of Eccles Street, the new development must achieve a height which will impact on the character of the city quarter'.* This sacrifice of the key site objectives includes the central vision set out for the site in the LAP to create '*a permeable campus environment which integrates within the emerging urban structure'*. As I noted above, the indicative layout and elements thereof were incorporated, in my opinion, to break up the mass of the development envisaged and attempt to absorb the impact of the limited exceptional

height. The proposal in my opinion therefore fails to comply with the core elements of the policy which facilitated the principle of the development on the site.

7.4 VISUAL IMPACT

7.4.1 The Context of Visual Impact

The visual impact of the proposal on the local environment and citywide strategic views are the two key considerations in my opinion and I will address each in turn. The visual impact on the setting and character of the architectural heritage of the North Georgian core and Dublin City Centre are addressed in this section but in more detail in the next section (section 7.5). While I addressed the matter of planning policy as it relates to height in the section above, I would note in relation to visual impact that Section 16.4.2 of the Dublin City Development Plan provides specific provisions for Phibsborough at subsection 6 which in addition to referring to the Phibsborough/Mountjoy Local Area Plan require that high buildings:

- Ensure that height and massing do not impact negatively on protected structure and the social and historic heritage of the area;
- Ensure that high building create a visually and architecturally coherent and attractive contribution to the skyline in terms of slenderness ratio and height;
- Protect and frame important views and vistas and to ensure proposals for high buildings will have no negative local or city-wide views.

The second two criterion are particularly relevant to the assessment of visual impact with the first relevant to the consideration of architectural heritage which is addressed separately in the next section. Section 17.6 of the Plan seeks '*to continue to protect and enhance the skyline of the inner city and to ensure that any proposals for high buildings make a positive contribution to the urban character of the city, and create opportunities for place-making identity in the outer city*'. There are many more policies in both the City Plan and LAP which seek to protect, frame, enhance, and avoid negative impacts on the skyline of Dublin City. Policies SC17, SC18 & SC19 relate to the incorporation of taller buildings into the cityscape. There are also a series of assessment criteria for high buildings set out in the Plan one of which seeks to protect important views, landmarks, roofscapes and vistas.

The building as I have outlined elsewhere in this report comprises a linear form addressing Eccles Street with a number of inter-related 'stacked' elements above ground including a central podium which is 8 storeys (c.36 metres in height above ground) and is a rectangular cuboid like form approximately 203.5 metres in length and set back from the Eccles Street edge. Along the Eccles Street elevation of the podium, there are a number of glazed 'pavilions' which appear to project from the podium increasing the area of floor area which is glazed. The pavilions are 5/6 storeys (c.24m/29.7 metres in height above ground) save for the pavilion to the east of the

entrance concourse which is 7 storeys (33.7 metres in height above ground) and are again set back from the Eccles Street frontage. The principle entrance and concourse is located between two pavilions and between the existing Eccles Street terrace and the new Eccles Street block comprising a 4-storey height glass atrium structure which is c.38 metres in length. The Eccles Street block which has a natural stone granite façade finish is 4-storeys high (c.18 metres in height above ground) as it addresses the street (level 00 is below ground on Eccles Street) and is connected to the pavilions by the glazed structure which extends from the entrance concourse.

The ward block comprises a linear slender curved structure which appears to sit on the podium element and comprises Levels 09 to Level 16 set further back from the Eccles Street edge of the podium. The top of the ward block is c.73.8 metres from ground level with the top level comprising a limited area of enclosed plant. The ward block is approximately 164 metres in length. The Mater site is elevated above the surrounding city centre approximately 20 metres above ordnance datum. Therefore a building of significant height, higher than any existing building in the city is proposed to be placed on a site in one of the most elevated parts of the city. Therefore the visual impact of the proposal on the area and cityscape is starting, in my opinion, from a significant disadvantage given that ground level is elevated to start with.

The terminology used in the visual impact assessment, submitted as part of the EIS describes views at section 11.1.4 as potentially indiscernible, discernible, prominent and dominant. Within the assessment views a number of views are stated to comprise a very significant change. At the oral hearing I asked Mr. Skehan a number of questions on the phraseology used and the difference between a view being prominent/dominant and a view comprising a very significant change. He responded by stating that '*dominant is generally taken to mean the obliteration of previous existing characteristics, so that it will overwhelm you when you became aware of the dominant effect. Prominent is one that you couldn't possibly miss. Very significant is where you would certainly notice it. So prominent is a particular attribute of something being in an unusual location where it is. As they say in the 18th century eye catching, and usually it's against a skyline or something like that'*.

While I agree with the applicant that it is not practical or possible to present every potential view of the proposal, I consider that there are some views which are likely to be more significant than others for many reasons. It is within this context that I address the particular areas of interest as outlined above some of which were assessed by the applicant and others which were not. I would note that some of the views are included in both the local or strategic citywide views and in the impact on architectural heritage discussed in the next section.

7.4.2 Visual Impact on the Local Environment

The local environment for the purposes of this section includes Eccles Street, the Leo Street area, the North Circular Road, Phibsborough and the Western Way. The visual impact assessment seeks to address views on the neighbouring residential areas and also the wider Mater area both of which I consider are suitably assessed under the heading of the local environment. These include Views 13-34 inclusive included in the EIS and I propose to address each in turn or where views are similar to the relevant groups of views.

The visual impact on the Drumcondra Road Lower area and from Drumcondra Station (Views 13 & 14) are stated to be prominent in terms of the viewpoint on Drumcondra Road Lower and as comprising a very significant change in relation to the view from Drumcondra station which is elevated above the public road. I tend to agree with the commentary on view 13 but would note that there are many other vantage points on Drumcondra Road Lower where the building is much more visible and may in my opinion comprise a prominent feature. This one view is not therefore, in my opinion, representative of the views likely from the entire thoroughfare as is highlighted by the extent of visibility on that small part of Drumcondra Road Lower included in the zone of potential visibility map submitted to the oral hearing. In terms of Drumcondra Station, it is stated that there would be a very significant change. The use of this terminology as opposed to prominent/dominant was the reason for the question to Mr. Skehan where he clarified that a very significant change is something that changes the overall character of the view and has more to do with something that is close to you. I consider that the view from Drumcondra Station could be described as comprising a very significant change where the structure is dominant in the view.

The impact of the proposal on the amenity space provided by the Royal Canal is in my opinion a significant consideration. View 15 shows the visual impact from the Canal at Whitworth Road with View 16 showing the impact from the Phibsborough Road. Both are described as prominent but not dominant. It is stated that neither is a significant contrast to the character of the general area. I disagree. The views of both have a prominent tall building of considerable breadth particularly in View 15. In the case of the Whitworth Road view the vans and machinery in the picture distract, I consider from the view with the crane in fact screening part of the proposed development. One would wonder given the linear nature of the canal bank why the camera shot was not taken two metres further away. I would also consider that in the absence of the machinery the impact of the proposal on the view may be closely aligned to Mr. Skehan's definition of dominant rather than prominent. The impact when viewed from Summerhill Parade/Clarke's Bridge (View 17) is stated to be prominent but not dominant and from the angle taken with Croke Park in the view I agree.

From the Cabra Road/Dalymount viewpoint (View 18) there is stated to be no discernible effect and the viewpoint chosen would justify this contention. From the

North Circular Road/Royal Canal Basin view (19) it is stated that the building is prominent but not dominant which is reasonable at this particular vantage point but I don't agree that there is no significant contrast in the character effect. This is not a reasonable interpretation given the scale of the proposal and its elevation. View 20 is taken from North Circular Road/Killarney Parade at street level in front of the new Adult Hospital and in reality is of little use.

The visual impact from the junction of the North Circular Road with Leo Street (21 & 21A & 23) is a different matter however. In the case of View 21 & 21A the effect on the appearance is stated to comprise a profound change. The dominance of the structure and its overbearing impact is seriously adverse on the amenity of these properties. View 23 tries to represent the overbearing nature of the structure on the Leo Street area but the height of the building prevents the entire building being included within this view. The inability of the image taker/maker to capture the entire building within the view highlights in my opinion the extent to which the building impacts visually on this area. The structures would be profoundly overbearing on these properties. Furthermore, I consider a view taken from the junction of Dorset Street Lower and Eccles Place would further demonstrate the actual overbearing impact from a more direct viewpoint. From the junction with North Circular Road and Sherrard Street (View 22) it is stated that the proposed development would be intermittently discernible. I note that the trees on the public realm are bare and while they do screen the building to a certain extent I consider that the building does comprise a prominent presence on the local skyline from the view. Therefore I do not consider discernible is a reasonable response to the impact from this view.

The impact on the view at Hardwicke Street/Temple Street (View 24) is described as prominent and dominant. In terms of the character of the area it is stated to be a significant change. It is not clear why prominent and dominant are used to describe the impact given the difference between same. The structure would have, in my opinion, a dominant impact on this view, profoundly changing the view with a seriously adverse impact on the visual amenity of the area. A number of views of Eccles Street are provided from the junction with Dorset Street (View 25), from Eccles Street opposite the site (View 26 & 27) and from Eccles Street/Berkeley Road (Views 28, 28A). It is apparent that the designers have sought to maintain the scale of Eccles Street, setting the podium and ward block back from the street edge and this is appropriate. If you remove the ward block from the views the proposal works quite well, with the scale and rhythm of the street largely respected. The podium block which is four storeys higher than the Eccles Street block is a little jarring with its sharp edges and unforgiving cuboid design and in my opinion requires some relief. However, the ward block provides that the building structure is dominant on this street from all of the views provided notwithstanding the applicant's agent's reference to the creation of a new appearance and character. When viewed from the Eccles Street/Berkeley Road junction the

dominance of the ward block is evident. The significant change considered to occur is in my opinion profound.

It is stated that the effect on the appearance of the impact on Geraldine Street/Goldsmith Street (View 29) is prominent but not dominant. I would again refer to Mr. Skehan's own definition of dominant. '*Dominant is generally taken to mean the obliteration of previous existing characteristics, so that it will overwhelm you when you became aware of the dominant effect.* I consider this viewpoint would sit comfortably within this definition. In relation to the view from the Nelson Street/Berkeley Street junction (View 30 & 30A) it is stated that there is a profound change to the appearance of the area with the proposal visually dominant. I agree with this opinion. From the Blessington Basin (View 31) the impact of the proposed view is again described as prominent but not dominant. It is stated that the impact on the character is not inconsistent with the established character of a wide range of building types in the wider context such as the Prison and Croke Park. However none of these other building types or forms are of the same height and scale of the proposed development and none are visible within the visual envelope presented in the subject view. As per my opinion on View 29 I would refer to Mr. Skehan's definition of dominant as follows: '*dominant is generally taken to mean the obliteration of previous existing characteristics, so that it will overwhelm you when you became aware of the dominant effect.* My opinion is further supported by the fact that the central feature of this view, St. Joseph's Church, is largely obliterated from the proposed view.

Again the same response is provided for the effect of the change on Mountjoy Street/Western Way (View 32) a prominent but not dominant change to the appearance and context of the area and not inconsistent with the established character of a wide range of building types in the wider context such as the Prison and Croke Park. However as also noted above, none of these other building types or forms are of the same height and scale of the proposed development and none are visible within the visual envelope presented in the subject view. Knowing that buildings of a significant scale, notwithstanding the fact that they are nowhere near the scale of the proposed development, is not equivalent to such buildings being visible within the views presented.

Mountjoy Square (View 33) is a major public space in the vicinity of the site. Again the stated effect on the appearance and character of the area is as per View 32 above - prominent but not dominant change to the appearance and context of the area and not inconsistent with the established character of a wide range of building types in the wider context such as the Prison and Croke Park. My response is as per above - none of these other building types or forms are of the same height and scale of the proposed development and none are visible within the visual envelope presented in the subject view. Knowing that buildings of a significant scale, notwithstanding the fact that they

are nowhere near the scale of the proposed development, is not equivalent to such buildings being visible within the views presented. Furthermore, the impact on the architectural heritage which I discuss separately below is of significance. The proposed view introduces a structure which is incongruous in respect of its interruption of the rhythm of the square and its axis is at odds with the geometry of the square. The impact on the view of North Great George's Street (View 34) with Belvedere House terminating the vista is that it comprises a '*discernible alteration to the context of a protected structure and formal axial vista'*. In my opinion this belies the importance of symmetry in this vista which is obliterated by the presence of a hovering silver structure on one side of Belvedere House.

As I noted at the outset of this section, the impact on the setting and character of protected structures and the architectural heritage of the area in general is discussed separately in the next section. I would however note that in relation to the visual impact of the proposal on the local environment, the structure would have an extremely overbearing effect on the visual amenity of the immediate neighbouring streets dominating views from rear gardens, streets and spaces in the area. As is obvious the effect diminishes with distance, however given the height, scale and mass of the structure proposed, it requires a considerable distance to assist in diluting the impact of the proposal and such dilution is minimal from many significant citywide views as is outlined in more detail in the next section.

7.4.3 Citywide Strategic Views

As stated by Dublin City Council in their report to the Board (pg 34) a '*key issue is the appearance and impact of the building's form on Dublin's skyline and on its historic setting'*. I concur with this view and will address the historic setting in the next section in the context of architectural heritage. Critical to the consideration of this proposal is the impact and appearance of the buildings form on Dublin's skyline. Key Site Objective No. 6 as set out in the LAP requires *'the preparation of an assessment of citywide strategic views to accompany planning applications for buildings of significant height*. Furthermore, Figure 4 of the Dublin City Development Plan 2011 – 2017 sets out the key views and prospects in the central area and include views along the River Liffey from Heuston Station towards the City Centre, along the River Liffey from the North Wall, from O'Connell Street, Dublin Castle, Christchurch and St Patricks Cathedral. I would note that Figure 4 in the City Plan relates to Dublin City Centre only.

I would refer to Mr. Paul Arnold's statement in relation to views of the building from the top of the Guinness Storehouse and while responding to the impact of the view on the historic core, it would in my opinion be relevant in the context of key strategic views citywide particularly from elevated areas. He stated that the new structure will appear as a dominant form on the skyline as viewed from the Guinness Storehouse. '*It will be anomalous and of a different scale to the host landscape'*. Key site objective 6 in the LAP

does not refer to citywide strategic views solely within the administrative area of Dublin City Council and I would therefore note that key strategic citywide views are also included in the Fingal, South Dublin and Dun Laoghaire Rathdown County Council Development Plans. Such views have not been considered in the visual assessment undertaken as part of the EIS.

As noted above, a visual impact assessment was submitted within the EIS and includes views taken from approaches to Dublin City Centre and from the City Centre itself (figure 11.1). These include Views 1 to 12 inclusive and I consider that these views form what could be considered to be strategic citywide views although they are not expressly presented as strategic citywide views in the EIS as per the wording of the LAP. In his evidence to the hearing Mr. Conor Skehan produced a Zone of Potential Visibility map which highlights the areas within the city where the building is visible. David Murphy of Modelworks outlined how the map was derived. It was stated by Mr. Colm Murray of the Heritage Council that the map was incomplete as large areas to the north and northwest of the site were not covered by the map including areas of heritage significance. I would agree with Mr. Murray's contention.

While the purpose of the map was arguably to address and assess impact in the inner city it is clear from Figure 2 and 2(a) (two floors removed) in Mr. Skehan's evidence that the concentration of visual impact in the vicinity of the site is cut short by the failure of the study map to look at areas north of the site. It is therefore difficult in my opinion for the applicant to make any reasonable arguments in respect of visibility in a strategic context based on this map. Furthermore, Figure 2(a) illustrates that there is little change in the visual impact of the proposal should the Board decide to remove two floors from the proposal. Notwithstanding my concerns in relation to the views that have not been assessed which I will address below, I propose to assess the impact of the views which are presented in the impact assessment.

The first view presented in the VIA is a view from St John's Road (View 1). It is stated that the view is discernible but not dominant. I have a particular concern in relation to this view. Firstly, I consider that the proposed structure is certainly more than discernible in this view (discernible being defined at section 11.1.4 as an object that can be seen 'sometimes with some effort') and in my opinion is prominent (immediately attract attention on account of a significant contrast of scale). At the oral hearing I asked Mr. Skehan why this view was used rather that the key viewpoint included in the City Plan from Heuston Station. He stated that this view gave a worst case as standing outside Heuston you would only see a little bit but up it was taken up the hill '*to find the worse possible view I could in the sense that the most of the building would be most prominently visible on the skyline'*. Here Mr. Skehan appears to agree with me that the building would be prominent in the view as opposed to discernible as outlined in the VIA. I would note that the dominant structure in this view is the new Criminal Court

building. This building is not visible in view from Heuston Station as it is set behind the building line of the station. I would suggest that the view chosen from St John's Road rather than providing the worst possible view facilitates a dilution of the impact of the proposed structure by incorporating the presence of the Courts Building. If the view from Heuston Station had been taken it is arguable that the impact of the proposal would have a greater impact. This key view from Heuston is significant, in my opinion, given the view along the Liffey and the Quays which have not been assessed appropriately, in my opinion.

One of the most strategic entrance routes to Dublin City is the Swords Road – (View 2 and 2N) being the most trafficked route from the M1 and Dublin Airport to Dublin City Centre. There is no doubting the prominence of the building in this view. I would also contend that as one travels further into the city along the Swords Road that the structure would change from being prominent to being dominant as the viewpoint selected is approximately 2.5 km from the Eccles Street/Dorset Street junction adjoining the site as the crow flies A view taken from the bridge over the Tolka River close to the junction of the Drumcondra Road and Richmond Road would have been useful in this regard particularly given the impact highlighted in the views taken from points closer to the site in Drumcondra which are discussed above (13, 14 & 15).

The impact is stated to be discernible from the Clontarf Road (View 3) and while it is certainly discernible from this viewpoint I would consider that this would change significantly as one travels further in the coast road towards Fairview with the structure becoming prominent and even dominant. There is stated to be no discernible effect from the York Road (View 4) and I have no cause to refute same on the basis of the evidence presented. From Harold's Cross Bridge (View 5) the building can be seen and I would agree is discernible as it effectively infills the skyline between a church spire and a locally tall building. I would however note that this is approximately 3.5 km from the subject site as the crow flies. From the Finglas Road at Glasnevin Cemetery (View 6) and the Botanic Gardens (View 7) the structure is prominent interrupting significantly, in my opinion on the views from both places and more significantly from the Botanic Gardens as it lies in the principle axis of the formal garden and detracts from the amenity of the view. The structure cannot be seen from the view taken of the Square in Smithfield (View 8).

The set of views presented of the structure from O'Connell Street (Views 9 – 12) are of major significance from an architectural heritage perspective as outlined below. In terms of the visual impact on the streetscape that being the impact on the central thoroughfare of the capital city I would not agree with the applicants in their description of the impact as prominent. I consider that the impact would comply with the applicants own definition of dominant, that being '*dominant is generally taken to mean the obliteration of previous existing characteristics, so that it will overwhelm you when you*

became aware of the dominant effect'. O'Connell Street is a formal north south axis with a definite rhythm created by the scale and form of the buildings addressing the street and particularly their roof profile. The proposed structure not alone dominates the view because of its height and scale but particularly in my opinion because its axis in the view is totally at odds with the north south axis of the street, significantly interrupting the rhythm and flow of arguably the most important street in the State. Mr. Skehan in his evidence to the hearing presented the changing context of the street highlighting the phases of development on the street. While the fabric of the street may indeed have changed it is clear that the rhythm of the street has remained and the north south axis has been maintained in respect of the view and the line of sight. The changing context highlighted does not facilitate any change in the dominance that the proposed structure would have on this key view. As noted by Mr. Murray of the Heritage Council there is a harmony in diversity of the different buildings of different eras represented by the buildings. The views represent a decorum in city building by having respect for its form with the traditional decorum ruptured by the proposed development. O'Connell Street is discussed in further detail in the next section in respect of architectural heritage.

One of the key areas of concern, in my opinion, identified in the zone of potential visibility map which has not been assessed by the applicant is the Phoenix Park. While a montage was submitted to the oral hearing of the Wellington Monument in response to matters of architectural heritage, as the key amenity area of Dublin City, the visual impact of the proposal on the Phoenix Park, is in my opinion critical, particularly when other 'amenity areas' were included in the VIA. Mr Shekan in his evidence to the hearing stated that the impact from open areas such as those in the Phoenix Park is overstated as the trees perform the same visual screening function as buildings on city streets. However, I consider it remiss that an assessment of the impact on an open area in the Park was not included within the VIA and I do not consider that sufficient evidence is before the Board to satisfy concerns regarding visual impact on views from the Phoenix Park. There are areas of the park particularly along the southern section close to the Chapelizod and Islandbridge gates where the skyline of the city is clearly visible and which has the potential to be impacted upon by such a conspicuous structure as is proposed even at 3.5 km distance. This would be supported by the areas highlighted in the zone of visual potential map submitted to the hearing where the extent of views of the building from the Park is clearly outlined. I have similar concerns in respect of the assessment of the Kings Inns and its park. I would also note that while 12 of what I have defined as strategic views were presented in the Visual Impact Assessment there are really only 9 strategic views as 4 views are of O'Connell Street.

There is one view provided from the entrance to the City from the north, from the N1 with no views from areas directly north of the site in the Griffith Avenue/Drumcondra area and none from the Malahide Road or Howth Roads into the city. Neither are there any views from further up the N3 than St Peter's Church. This is a significant entrance to

the city and one where the proposed development is likely to be highly visible on the skyline. These areas are not included in the zone of potential visibility maps. There are many more which could have been addressed, in my opinion, such as the impact on citywide views from the Dublin Mountains and key views such as Howth Head from where views of the city skyline are key assets. The reference to the structure as anomalous in the landscape from the top of the Storehouse, which I acknowledge is more proximate is of concern given the absence of any views taken from such strategic city vantage points. Therefore I consider that one of the key site requirements, that being, to undertake the '*preparation of an assessment of citywide strategic views to accompany planning applications for buildings of significant height*' has not been satisfactorily addressed.

Notwithstanding the unsatisfactory nature of the assessment of citywide strategic views, the assessment of visual impact which has been addressed and which I have assessed above demonstrates the significant adverse impact the proposal would have on local and citywide views and on the skyline of the historic city. The proposal would therefore adversely affect the visual amenity of the area and of the city and would militate particularly against Policy SC18 of the Dublin City Development Plan which seeks '*to protect and enhance the skyline of the inner city, and to ensure that all proposals for mid-rise and taller buildings make a positive contribution to the urban character of the city…,* Furthermore, the proposal fails to *demonstrate sensitivity to the historic city centre, the river Liffey and quays, the historic squares and the city canals, and to established residential areas, open recreation areas and civic spaces of local and citywide importance*'.

7.5 ARCHITECTURAL HERITAGE

7.5.1 Policy Context

Chapter 7 of the Dublin City Development Plan 2011-2017 considers Dublin's character and culture. In relation to the built heritage, Figure 14 delineates the historic core of the city. The Walled City, Medieval City and Georgian Core are each delineated as is the pre-1860 city. The subject site is outside of the Georgian core boundary which is defined by Dorset Street and Gardiner Street, but the pre-1860 delineation traverses the site. St George's Church is included as one of the 20 landmarks within the historic core as are Kings Inns/Henrietta Street, the GPO and Parnell Square. Section 7.2.5 of the Plan includes polices and objectives which (FC26 & FC27) seek to protect and conserve the built heritage of the city including its unique significance, fabric and character and the character, appearance and quality of local streetscapes.

Section 7.2.5.3 deals with conservation areas and states that these have been designated in recognition of their unique architectural character and important contribution to the heritage of the city. It is stated that the Council will seek to ensure that development proposals within all conservation areas complement the character of

the area including the setting of protected structures. Reference is made to the mechanisms used to designate areas of particular conservation value, which are the Z2 and Z8 zoning objectives and Architectural Conservation Areas (ACAs). Policy FC41 seeks to protect and conserve the special interest and character of Architectural Conservation Areas and conservation areas in the development management process. Policy FC45 seeks to promote the regeneration and enhancement of the north city Georgian Square and the North Georgian mile. In relation to the City Heritage Plan it is a policy of the City Council (FC57) to support the designation of Dublin as a World Heritage Site.

I would note in respect of the Phibsborough/Mountjoy LAP that one of the key heritage and conservation objectives outlined at page 67 is ensuring that '*the historic context and setting is fully considered in the assessment of all new development proposals'*. In relation to the Mater Site in particular I would note at pg. 75 that a proviso to the building form and heights outlined for the site includes that '*the optimum form of development will take due regard to the established historic character of the adjoining buildings'*. It is also stated that '*every effort must be made to ensure that increases in height will not have any negative overshadowing effects on adjoining properties or impact negatively on the setting of the protected structures both on the site and its periphery'*.

7.5.2 Guidance

The Architectural Heritage Protection Guidelines for Planning Authorities (updated but not amended October 2011) state at Chapter 3, section 3 in respect of identifying the character of an area and in particular architectural interest: *'Many buildings were consciously designed to contribute visually to the character of their setting, beyond the boundaries of the curtilage on which they were built. They respond to the street, road or landscape in which they are situated'.* Section 13.8 of the Guidelines deals with 'Other Development Affecting the Setting of a Protected Structure or an Architectural Conservation Area' and states that *'A new development could also have an impact even when it is detached from the protected structure and outside the curtilage and attendant grounds but is visible in an important view of or from the protected structure*'. In relation to large buildings it is stated that '*the extent of the potential impact of proposals will depend on the location of the new works, the character and quality of the protected structure, its designed landscape and its setting, and the character and quality of the ACA. Large buildings, sometimes at a considerable distance, can alter views to or from the protected structure or ACA and thus affect their character. Proposals should not have an adverse effect on the special interest of the protected structure or the character of an ACA'*.

Reference was also made, in a number of submissions to the Board both at the hearing and within application documentation, to a number of guidance documents prepared by English Heritage. The 2007 document Guidance on Tall Buildings outlines at section 4

the criteria for evaluation, the first 3 of which are of particular interest, in my opinion. They include 'the relationship to context' which states that tall buildings should have a positive relationship with relevant topographical features and other tall buildings. The 'effect on historic context' includes the need to ensure that the proposal will preserve and/or enhance historic buildings, sites, landscapes and skylines. The third criterion is the 'effect on world heritage sites'. It states that part of the obligation relating to such a designation is the adoption of a management plan and a buffer zone if necessary, which become material considerations in the planning process.

Seeing the History in View, May 2011 provides a method for assessing heritage significance within views and refers at pg. 13 to the theory of kinetic views referred to by the applicant at the hearing and presented in a series of animations to the hearing. It states that views are often kinetic (i.e. the observer is moving) thus requiring separate consideration of how the visibility and appearance of the heritage asset may change as the observer moves around the viewing place. The document also provides a definition of the magnitude of impact describing medium adverse as '*the development erodes to a clearly discernible extent the heritage values of the heritage assets in the view, or the view as a whole, or the ability to appreciate those values'*. High adverse is stated to mean that '*the development severely erodes the heritage values of the heritage assets in the view, or the view as a whole, or the ability to appreciate those values'*.

The Setting of Heritage Assets, October 2011 was published with the purpose of providing guidance on managing change within the settings of heritage assets. It states that '*the significance of a heritage asset derives not only from its physical presence and historic fabric but also from its setting – the surroundings in which it is experienced'.* The careful management of change within the surroundings of such heritage assets is the prime rationale for the guidance. The guidance explores the key principles of understanding setting and the importance of views and settings. The key principles for assessing the implications of change affecting setting included in PPS5 Planning for the Historic Environment are outlined.

7.5.3 Likely Significant Impacts on Architectural Heritage

7.5.3.1 Context of Assessment

Mr. Paul Arnold on behalf of the applicant stated that the proposed development will not have any adverse direct impact on any protected structures in the vicinity of the site. The proposals to remove clutter from the fabric and vicinity of the Old Mater building would be a positive direct impact in his opinion. The impacts associated with the architectural heritage of the area and its environs are indirect, in that regard, and I propose to consider them as they are set out in the EIS, for ease of reference, as follows: Impacts on the setting and character of Protected Structures and other Buildings on the Mater Campus; Impacts on Streetscapes, Significant Buildings and Protected Structures in the vicinity of the site which include Architectural Conservation Areas (ACAs) and

proposed ACAs, the Historic Urban Landscape and finally to consider the matter of World Heritage Status. I would note that the visual assessment included views of a number of the sites referred to within this section with a number of additional views submitted to the hearing. Furthermore, the submission from the Heritage Council referred to additional sites other than those referred to in the EIS and I have included such sites in the assessment below. The evidence submitted on the applicant's behalf to the oral hearing sought to address same. I would note that the applicant's assessment of impacts refers to a scale of impact from 1 which is low to 5 which is high. The same scale is used to describe the significance of the receiving environment where 1 is low and 5 is high, and its sensitivity to change with 1 robust and 5 sensitive.

7.5.3.2 Impact on setting and character of Protected Structures and other building on the site

The Mater Misericordiae Hospital or the Old Mater as referred to in the context of the campus is considered to be of national significance (5 out of 5 in the scale of significance) and noted to be sensitive (5 out of 5 in the scale of sensitivity to change) to the impact of the proposal in respect of the southern range and principal façade. I concur as I outlined above that the removal of buildings of varying height in the vicinity of the building will have a direct beneficial impact on the structure. In relation to the impact of the proposed development, the impact of the proposal varies in relation to the elements of the structure with the lower proposed elements having a lesser impact. Although set back, the proposed ward block is considered to have a high adverse impact on the building with the views along Eccles Street dominated by the uppermost 8-storeys adversely impacted on the parapet line and the termination of the view towards Berkeley Road by the pediment breakfront. Similarly the view east towards St George's would be dominated by the new structure, affecting the character of the street and the setting of the Protected Structures. I concur with the applicant's assessment in respect of this structure.

The protected structures of 30-38 Eccles Street, which address Eccles Street and adjoin the Mater Misericordiae Hospital building, are the only surviving elements of the terrace on the north side of Eccles Street. Their significance is rated at 5 out of 5 and their sensitivity to change also 4 out of 5. While again there are some positive direct impacts from the removal of clutter from the original building, I would concur with the findings in the EIS that there would be an adverse impact (4 out of 5) on the overall setting of the structures when viewed from a distance and from Nelson Street. Eccles Street as a streetscape is discussed further below.

It is proposed, as part of the proposed development, to demolish Rosary House and the Former Radiology Building on the site, neither of which are protected structures. Permission has been granted (Ref. 4929/03) previously for the demolition of Rosary House with a record prepared of same. Its location within the site provides that the

building has no existing visual context. Of itself the Former Radiology Building, while not protected, is an attractive building but has been compromised visually without a real setting and physically by alterations. I do not consider that the demolition of either of these buildings would compromise the site in any detrimental manner.

7.5.3.3 Streetscapes, significant buildings and protected structures within the immediate vicinity of the Mater Complex

Eccles Street

As noted by Mr. Arnold in the EIS, Eccles Street was one of the key Georgian residential streets within the Gardiner Estate that was intended to link the planned but unexecuted Royal Circus, upon which the Mater Misericordiae Hospital is now located, with key landmarks in the south Georgian core. Eccles Street was laid out in 1772 and contains in addition to the protected structures outlined above, protected structures for almost the entire length of the south side of the street and is zoned as a conservation area Z8. The impact of the proposal on Eccles Street is presented visually in Views 25, 26, 27, 28 and 28A. The significance of the streetscape is rated at 4 out of 5 and its sensitivity to change also 4 out of 5. I would acknowledge that the applicant has sought, with the proposed 4-storey Eccles Street block, to maintain the scale of the remaining part of the terrace on the north side of Eccles Street, setting back the higher elements of the building from the street edge in an effort to soften the impact on the streetscape.

The kinetic views presented to the hearing included a number of views along Eccles Street with the contention that as one travels along the street at street level, the impact of the building is lessened due to the scale of the street and due to the set back. While I acknowledge the effort that has been incorporated into the design in respect of Eccles Street, the height, scale and mass of the structure cannot be absorbed into the existing scale of the streetscape. While the 4-storey element would fill the unfortunate gap created by the demolition of the street the impact of the proposed development, as stated in the EIS and highlighted in the views, would be adverse (4 out of 5) altering the character of the street, the setting of the protected structures and seriously and detrimentally interrupting the views along this street.

St. George's Church on Hardwicke Place;

Described as a building of international significance in the EIS (significance 5 out of 5), St. George's Church designed by Francis Johnston in 1801, and included as a landmark in the historic core map in the City Plan, is stated to be the best example of a late Georgian Church in Ireland. Designed to terminate the view of Eccles Street from the planned Royal Circus the spire rises to 61 metres and is visible throughout the city. Hardwicke Place is bounded on three sides by terraces and, while many are later construction, the urban setting remains as does the setting and enclosure of the Church. The sensitivity to change of the area is noted as being 4 out of 5. The Church is stated to be the dominant

element within the setting of views to the northwest and northeast in addition to Eccles Street. View 24 highlights the impact of the proposal which is stated in the EIS to have a high adverse impact. I would agree with the contention in the EIS that there would be a adverse impact on the setting of the structure (5 out of 5) with the proposal conflicting with the existing dominance of the set-piece of St George's church within the surrounding streetscapes where the proposal would dominate the skyline. Furthermore, I consider the kinetic view provided to the hearing of Hill Street/Temple Street highlights the highly adverse impact that the proposal would have on St George's Church and its setting as one moves through the view.

Nelson Street & adjoining Streets
Nelson Street is located perpendicular to the south of Eccles Street. It contains protected structures at No's 9-12 & 31-36 and is zoned as a conservation area Z2. Its significance is rated as 3 out of 5 in the EIS as is its sensitivity. East of Nelson Street, St Joseph's Parade runs parallel to Eccles Street with St. Joseph's Place and Blessington Place in the vicinity. Views 30 and 30A highlight the impact of the proposal on Nelson Street and the EIS considers that the proposal would dominate the street with an adverse impact on the setting (4 out of 5). I consider that this is a reasonable conclusion and I would agree with same.

St. Joseph's Church, Berkeley Road is a protected structure considered to be of regional significance. No's 1-7 & 16-17 Berkeley Street are protected structures with part of Berkeley Street and Berkeley Road designated a residential conservation Area. Its significance is rated as 3 out of 5 in the EIS and its sensitivity is 4 out of 5. The impact of the proposal on St Joseph's Church and its setting is considered to be adverse (4 out of 5) which is a reasonable judgement, in my opinion. The amenity of the Four Masters Park, which facilitates views of both the Church and the Old Mater Building which is within the conservation area, would also be seriously affected. The Church and part of Berkeley Street is located within a conservation area, the setting of which would be adversely affected (4 out of 5).

Blessington Street and Blessington Basin, Goldsmith Street, St. Vincent Street, Sarsfield Street, O'Connell Ave, Geraldine Street and Fontenoy Street (proposed ACA).
Located to the west, south west and south of the site this area of the north inner city comprises terraces of residential streets which comprise a residential conservation area, and Blessington Street to the south which contains 64 protected structures and which is a conservation area under the Z8 objective area. The Blessington Basin is a conservation area and the streets to the south and immediate west of the Basin including Fontenoy Street are a proposed Architectural Conservation Area. While the Fontneoy Street area was not included expressly in the EIS, it is considered, given its proximity to the Basin and to Mountjoy Street/Western Way, that many of the likely potential impacts on the Basin and adjoining area to the north would also apply to this area given the height of

the proposed development. The EIS states that the significance of Blessington Street and the Basin is rated as 3 out of 5 in the EIS as is its sensitivity while the significance of the remainder is 2 but sensitivity is 4 out of 5. It is concluded that the impact from the proposal on these streets will be adverse, but medium rather than high in the scale of impacts (2 and 3 out of 5). While I agree that the streets are more remote from the site than Eccles Street or indeed Nelson Street, the large bulk of the structure will be a highly imposing bulk on the skyline. The impact on the amenity of the Blessington Basin as illustrated in View 31 is significant and would in my opinion have an adverse impact on the setting of these conservation areas.

Leo Street and adjoining streets including No's 1-12 Synnott Place and North Circular Road and Environs.

The residential enclave bounded by the North Circular Road to the north, Lower Dorset Street to the east and the Mater and Mater Private to the west and south receptively includes Synnott Place of which No's 1-12 are protected structures. The EIS notes that the setting of these streets is already degraded by the presence of the new Adult Hospital and it is noted that the proposed development is twice that height with an adverse impact predicted. The significance of the streets is stated to be 1 apart from Synott Place which is 3 out of 5. All are stated to have a sensitivity of 3 out of 5. Synnott Place while a little more removed would still be dominated by the proposal with an adverse impact (3 out of 5) albeit slightly less than for Leo Street (4 out of 5). The North Circular Road in the vicinity of Leo Street would also be impacted adversely similarly to Synnott Place but would be less than that experienced by Leo Street.

7.5.3.4 Historic Urban Landscapes

O'Connell Street

The primary street in the capital city of Ireland is a designated Architectural Conservation Area and accommodates over 40 protected structures including the GPO, a national landmark. It is considered to be of National significance as a streetscape (5 out of 5 in scale of significance). As I noted above in relation to visual impact, O'Connell Street is a formal north south axis with a definite rhythm created by the scale and form of the buildings addressing the street and particularly their roof profile. The proposed structure not alone dominates the view because of its height and scale but also in my opinion, because its axis in the view is totally at odds with the north south axis of the street. This has the effect of significantly interrupting the rhythm and flow of arguably the most important street in the State.

As also noted above in respect of visual impact, Mr. Skehan in his evidence to the hearing presented the changing context of O'Connell Street highlighting the phases of development on the street. This reflects the 4 out of 5 in the scale of sensitivity to change, albeit still a very sensitive streetscape. As I noted above, while the fabric of the street has changed, the rhythm of the street has been remained and the north south

axis has been maintained in respect of the view and the line of sight. The changing context highlighted by the applicant does not negate the change in this rhythm that the dominance of the proposed structure would have on this key view. I would also note that the reasons for the changing fabric of the street, i.e. the 1916 Rising, highlights in my opinion the importance of the street from a heritage perspective rather than diminishing its significance. In the EIS Mr. Arnold notes that the impact of the proposal is highly adverse (4 out of 5) and that, notwithstanding its design, it creates a significant visual interruption within the skyline of O'Connell Street at the north end, with the new form dominating the view and appearing high above the broadly coherent roofline of the principal and iconic boulevard of the Capital City. In relation to the impact on the General Post Office, it is stated to have an adverse impact (4 out of 5) on the setting of this protected structure whose pedimented breakfront and portico is no longer the dominant punctuation along the parapet line of the west side of the street.

Mountjoy Square

A conservation area (Z8) located within the North Georgian Core. The planned Georgian Square, with a significance of 5 out of 5, contains a significant number of protected structures with an adverse impact (3 out of 5) considered to arise from the proposal as stated in the EIS. It is stated that the presence of the proposal within the view of the Square constitutes a significant interruption of the skyline on the square. It is also noted that this is even with the tapered end of the building addressing the Square. I would consider that it is the angle at which the building disrupts the skyline of the Square, as well as the height, which creates the adverse impact. I would also note that policy FCO34 included in the City Plan seeks to undertake an assessment to inform the potential of ACA designation for a number of areas of the city including Mountjoy Square.

North Great Georges Street

This street is located within the North Georgian core and is within a conservation area (Z8). There are 38 protected structures on the street with Belvedere House, a protected structure located on Great Denmark Street, terminating this significant vista. The significance and sensitivity are both stated to be 5 out of 5 in the EIS. One of the animations provided to the hearing was of this view as one moves up the street with the contention that the impact lessens. However the most important aspect of the view is the context of the set-piece framed by the terraces of North Great George's Street on either side. The importance of the view, in my opinion, diminishes as one moves up the street as it becomes a view of Belvedere House rather than a vista created by the terraces. The impact of the proposal on this set piece is considered to be medium adverse (3 out of 5) in the EIS given that the proposal will be visible at the north end of North Great George's Street, to the rear of the important set piece of Belvedere House on Great Denmark Street which is currently framed by the formal brick terraces on North Great George's Street enjoying a currently uninterrupted skyline.

Mountjoy Street, The Black Church and Western Way

The proposed development is stated to create a termination of a different scale at the end of Mountjoy Street. The Black Church a protected structure while not on Mountjoy Street is located at the junction of the Western Way and Mountjoy Street at St. Mary's Place. The EIS states that the significance of the receiving environment is 2 out of 5 and sensitivity to change is 3. View 36 presented to the oral hearing shows the vista along Mountjoy Street with the spire of The Black Church dominating the foreground view and the termination of the view interrupted significantly by the proposal development at the end of Mountjoy Street. I would note that view 32, which is taken directly outside of the Church rather than set back from the Church to incorporate same, provides that the new building is far more prominent in the view. The EIS states that the proposal from this view (32) would be seen at the north end of Mountjoy Street as a termination of a different scale to the existing two, three and four storey urban fabric. There is a medium to low adverse impact predicated (2 out of 5). Therefore I would contend that the setting of the Black Church would be adversely impacted upon when viewed from Mountjoy Street looking north.

In relation to the impact on the **Botanic Gardens** (rated at 3 out of 5 in terms of significance and 1 out of 5 in terms sensitivity) it is stated in the EIS that while the mass and height of the upper ward block would constitute a significant interruption in the view enjoyed from the Gardens, the visual impact is diminished by the distance of the gardens from the site preventing the domination of the view by the proposal. The impact is stated to be low adverse. In relation to **the Royal Canal at Phibsborough Road** (rated at 2 out of 5 in terms of significance, sensitivity and impact) where viewpoint 16 in the VIA was taken, similar to the impacts on the Botanic Gardens, it is considered that there would be a significant interruption to the view enjoyed from the Royal Canal but that distance prevents domination of the view.

Mr. Arnold addresses the other views included in the Visual Impact Assessment with a number of the views such as the views from Drumcondra Road Lower and Drumcondra Station considered to be adverse, particularly in respect of the views from Drumcondra Station where it is stated that the new building would dominate the skyline. Reference is also made to the views included in the VIA where the building is stated not to be visible and where no impact on architectural heritage would arise.

In their submission to the Board, the Heritage Council reference the importance of the setting of heritage assets and the absence of same from the Landscape and Visual Impact Assessment with only cursory reference to statutorily designated cultural heritage assets such as ACAs considered to have been undertaken. The submission highlighted a number of heritage assets which they considered were not included in the assessment of architectural heritage in the EIS. Reference is made to the structures not

included in the EIS which were included in the nomination papers for World Heritage Site Status. They included: Parnell Square, The Kings Inns, the Custom House, The Four Courts, Trinity College, Marsh's Library and Phoenix Park. Mr. Arnold stated in his evidence to the hearing that the proposal would not be visible from Parnell Square I note however from the additional photomontage submitted to the hearing that part of the building seems to be visible, but it is discernible rather than prominent, and therefore unlikely to be adverse in my opinion.

In relation to the Customs House it is stated that the proposed building will be a distant object on the skyline when viewing the Customs House from Sir John Rogerson's Quay with no influence on the appreciation of the building. It would not be visible from the Four Courts, nor within the setting of Marsh's Library, The Trinity Museum Building or Henrietta Street. In relation to the Kings Inns there was some debate about the montage submitted to the hearing of the Kings Inns from Constitution Hill and to the screening afforded by the trees still with leaf. It is my opinion that the proposed structure may be visible on the skyline looking northeast from the front of the Kings Inns at the entrance. There are a number of spires clearly visible in the view. In relation to the Phoenix Park, while the montage shows that the building would not be visible from the Wellington Monument, as discussed in relation to visual impact above, the Zone of Potential Visibility map highlights the areas within the city where the building is visible and shows a considerable area of the park as having potential visibility. This has not been satisfactorily addressed in my opinion either in respect of the landscape and visual impact assessment in the preceding section or in relation to architectural heritage and the significance of the Park as a cultural asset in the City.

Mr. Arnold's submission also addressed the following structures which were not included in the EIS: Christchurch Cathedral – based on the Zone of Potential Visibility map it was stated that a small part of the building will be visible but will not detract from Christchurch. Prospect Square/De Courcey Square ACA – it was stated that the view from the Botanic Gardens (View 7) would be indicative of the potential impact on this ACA, which I note is low adverse, and noted that while the mass and height of the upper ward block would constitute a significant interruption in the view enjoyed from the Gardens, the visual impact is diminished by the distance of the gardens from the site preventing the domination of the view by the proposal. In this regard it is reasonable to conclude that the proposal would also constitute a significant interruption in the view enjoyed from this ACA and that the visual impact is diminished by the distance of the ACA from the site preventing the domination of the view by the proposal.

It is also stated that there may be glimpses of the building from Cornmarket & St Audoen's Church, in the vicinity of Christchurch. In relation to the Capel Street ACA it was stated that the building would be visible on the skyline from the junction of Capel Street (north end) and Bolton Street but not along the length of Capel Street itself. The

Great Western Square & Environs proposed ACA referred in the Heritage Council submission as Avondale Avenue and vicinity proposed ACA is addressed in section 3 of Mr. Arnold's evidence to the hearing. It was stated that the building might be visible from within the public domain of Great Western Square with the potential indirect medium adverse impact similar to that identified in respect of the Blessington Basin and environs. It is stated that the proposal is not visible from the Ha'Penny Bridge, St Patricks Cathedral, 80 Aungier Street, Grafton Street (ACA) and I consider this is reasonable. In his evidence to the hearing Mr. Arnold noted that from the Guinness Storehouse the new structure will appear as a dominant form on the skyline, being anomalous and of a different scale to the host landscape.

I would note that while Dublin City Council did not address the matter of architectural heritage in their evidence to the oral hearing, Section 12 of the report submitted to the Board raises a number of concerns in this respect. It is stated that the Authority is of the opinion that the potential impact of the proposal in the context of Dublin's historic core and in particular the North Georgian core is not adequately demonstrated, particularly in terms of how the proposal would change the architectural significance of the wider context, its historical architectural character and scale, set-pieces and its important landmarks. I concur with this concern.

While I consider that the assessment provided in the EIS is extremely fair in respect of the likely impacts on the architectural heritage assets in the vicinity of the site, there is no assessment provided of the impact on the historic core of the city or the north Georgian core which the site adjoins. Particular omissions include how the proposal would change the architectural significance of the wider context, its historical architectural character and scale, set-pieces and its important landmarks. One could argue, however, that the change to the architectural significance and setting of the wider context is acknowledged in that more than one heritage asset in the vicinity of the site and beyond would be adversely affected, and therefore it could be stated that there would be an adverse impact on the architectural heritage of the wider area. I would also note that Mr. Arnold, in response to a question I put to him at the hearing noted that the structure is likely to be visible from the first floor and higher of structures on for example Mountjoy Square but that such impacts have not been addressed. Neither have the impacts from the upper floors of other significant buildings been addressed.

7.5.4 World Heritage Site

The Historic City of Dublin is on the tentative list of sites submitted to UNESCO by Ireland in April 2010 and therefore can be described as a candidate site. The process provides that the State prepares a tentative list or 'inventory' of its important natural and cultural heritage sites, which it submits for inscription in the next five to ten years and which may be updated at any time. The World Heritage Committee cannot consider a nomination for inscription on the World Heritage List unless the property has already

been included on the State Party's Tentative List. By preparing a Tentative List and selecting sites from it, a State Party can plan when to present a nomination file. The nomination is submitted to the World Heritage Centre for review and to check it is complete. Once a nomination file is complete the World Heritage Centre sends it to the appropriate Advisory Bodies for evaluation. Once a site has been nominated and evaluated, it is up to the intergovernmental World Heritage Committee to make the final decision on its inscription. Once a year, the Committee meets to decide which sites will be inscribed on the World Heritage List. To be included on the World Heritage List, sites must be of outstanding universal value and meet at least one out of ten selection criteria the first four of which are as follows:

i. to represent a masterpiece of human creative genius;
ii. to exhibit an important interchange of human values, over a span of time or within a cultural area of the world, on developments in architecture or technology, monumental arts, town-planning or landscape design;
iii. to bear a unique or at least exceptional testimony to a cultural tradition or to a civilization which is living or which has disappeared;
iv. to be an outstanding example of a type of building, architectural or technological ensemble or landscape which illustrates (a) significant stage(s) in human history;

The submission (in the pouch) in respect of the Historic City of Dublin states the following in its justification of Outstanding Universal Value: '*The development of Georgian Dublin was a significant moment in the history of the Age of Enlightenment with the establishment of the Wide Streets Commissioners and the founding of many charitable and public institutions, in buildings of high architectural quality. The Wide Street Commissioners, Europe's first official town planning authority, was established to make 'wide and convenient streets' through the congested quarters of the city. Their remit, vision and interventions to improve the city, in a world where such functions were usually the preserve of royalty, by the rational application of scientific and aesthetic principles were exceptional - and were later copied in other cities. A building typology was developed of terraced, unadorned brick facades but often with high quality interiors'*. Statements of authenticity and integrity are also provided with reference to St George's Church, North Great George's Street, the Phoenix Park, the GPO and Mountjoy Square which are referenced above. The Department of Arts, Heritage and the Gaeltacht are the relevant Government Department with responsibility for the process of designation and the site remains on the Tentative List. Policy FC57 at section 7.2.5.6 of the Dublin City Plan states that it is a policy of the City Council to support the designation of Dublin as a World Heritage Site.

The Heritage Council's submission to the Board stated that as the proposal would become a constant background presence in the city (*an unintentional landmark and signifier)* the integrity and authenticity of Dublin as a candidate World Heritage Site

must be considered a material planning. I note that this point was reiterated in the Heritage Council's evidence to the hearing. It was stated that the social desirability of the proposal must be balanced with the social, cultural and economic benefit of maintaining the integrity of Dublin City as a historic urban landscape. It was stated that while the architectural cultural heritage assessment includes reference to the English Heritage evaluation criteria 4.1.3 on the effect on World Heritage Sites, the report does not provide any assessment of same. I would concur with this view and my concerns regarding the absence of an assessment of the impacts on the historic core as an entity are noted above.

Mr. Shane O'Toole, Architect provided evidence to the Board which included the impacts on city views and the tentative World Heritage Site list, and particularly to the matter of such status not precluding cities from constructing new buildings. Examples of modern architectural interventions in the European cities of Graz, Bruges and Amsterdam were provided whose status as World Heritage Sites were not affected by same. I would note that while modern in design, none of the buildings presented are in any way comparable in scale or height to the proposed development. The Kunsthaus in Graz is 23 metres in height and 60 metres in length, the concert hall in Bruges is 30 metres in height and 120 metres in length and Renzo Piano's Nemo Science Centre is 32.5 metres high and 100 metres in length. The proposed structure is c.74 metres high on an elevated site and c.205 metres in length. I note that the purpose of Mr. O'Toole's presentation was to highlight that new buildings are not detrimental to World Heritage Site status and I concur with this view, which was well articulated. What inevitably happens, however, when one provides examples is comparison and the buildings are not comparable in respect of the most contentious concerns raised in relation to the proposed hospital, those being height and scale.

One of the issues which emerged at the hearing is that there is no boundary for the World Heritage Site on the Tentative List and, as such, it was stated that it is not clear in the absence of same as to whether an impact will arise. While I acknowledge that there is no boundary, I would suggest that the City Development Plan (Figure 14) provides a pre-1860 boundary, a Georgian core delineation and highlights landmarks in the historic core. A number of these landmarks and streetscapes within the core would, as is stated by the architectural heritage assessment, be adversely impacted upon by the proposed development. I would note that the absence of Eccles Street from the Georgian core is peculiar particularly given the reference in the architectural heritage assessment to Eccles Street as one of the key Georgian residential streets within the Gardiner Estate.

Furthermore, the operational guidelines for the implementation of the World Heritage Convention refers to buffer zones at section 103 and onwards. It states that for *'the purposes of effective protection of the nominated property a buffer zone in an area surrounding the nominated property which has complementary legal and/or customary*

restrictions places on its use and development to give an added layer of protection to the property'. The subject site is approximately 120 metres from the Georgian core designation in the City Plan Historic core map. I would also note Mr. Paul Arnold's reference to the concept of a buffer zone in this submission to the oral hearing and to his explanation of the location of the site, outside of the Georgian core identified in the City plan but within the canals, and within this context, it was stated by Mr. Arnold, the concept of a buffer zone is relevant.

I would conclude this matter by stating that it is my opinion that the proposed development would negate against the achievement of world heritage status, for the Historic City of Dublin. This opinion is based on the adverse impact predicted to arise from the proposal on key landmarks and streetscapes within the historic core of the city. Notwithstanding, while I do consider that Dublin's candidacy as a World Heritage Site would be negatively affected by the proposal I would note in particular that maintaining the integrity of Dublin City as a historic urban landscape is a material planning consideration notwithstanding the candidacy for world heritage status as outlined in the sections above. Whether or not Dublin achieves the status of world heritage site is ancillary, in my opinion, to the matter of the impact of this dominant and conspicuous proposal on the architectural heritage of the historic core.

7.5.5 Conclusion

The impact of the proposal on the setting and character of protected structures, including structures of international importance, streetscapes and areas of conservation value outlined above, both individually and as a series of set-pieces, would negatively and adversely impact on the character and heritage of the historic core of the north inner city, the North Georgian core and the historic core of Dublin City. It is therefore considered that the proposed development would contravene the polices set out in the Dublin City Development Plan in respect of the built heritage particularly polices FC26 & FC27 which seek to protect and conserve the City's cultural and built heritage. In addition, the proposal would conflict with polices relating to conservation areas including policy FC41 which seeks to protect and conserve the special interest and character of Architectural Conservation Areas and conservation areas in the development management process. As I noted above in relation to World Heritage Site status whether or not Dublin achieves the status of World Heritage Site is ancillary, in my opinion, to the matter of the impact of this dominant and conspicuous proposal on the architectural heritage of the historic core.

7.6 TRAFFIC, ACCESS AND PARKING

The matters I intend to address in this section of the assessment are as follows:

- Access to the Site by Car
- Access to the Site by Public Transport;
- Mobility Management and Parking provision

- Helicopter Access

7.6.1 Access to the Site by Car

A constant theme throughout many of the observations submitted to the Board and presented at the oral hearing was the difficulty in accessing the site by way of private car due to the traffic already existing on the local road network. In relation to Eccles Street specifically the traffic consultants state that there are significant reserves of both link and junction capacity on Eccles Street. It was stated that the current issue with traffic on Eccles Street has to do with the current lack of parking at the Mater site with cars queuing for limited parking taking up road capacity. The issue, it was stated, would be resolved when the car park for the adult hospital is opened. Furthermore it was stated that the situation would be further improved with the provision of additional spaces as part of the Children's Hospital and with an additional point of access to the hospital proposed on the NCR with dedicated right turning lanes into the car park.

No evidence was presented to counter the claims made by the applicant in respect of the capacity of the road network to absorb the additional traffic likely to arise as a result of the proposed development. I also note that the Roads Section of the City Council is in agreement with the findings put forward by the applicant's agents in this regard. Improvements are proposed to the network in order to absorb the traffic likely to be generated. The scenarios presented at the hearing included a scenario with the proposed NCR access/egress point and one without the proposed additional access/egress point and signalisation of the Eccles Street/Berkeley Road junction. While it is stated that the single access scenario is capable of accommodating the proposal, the additional access point on the NCR eases the loading on the Eccles Street access and provides for redundancy. I would note that the drawings submitted to the oral hearing which were presented in response to agreement reached with Dublin City Council in respect of concerns they raised in their submission, included the signalisation of both access junctions into the facility. The amendments proposed are not considered material.

While again there was no evidence provided to counter the arguments proposed by the applicant in respect of the ability of the road network to absorb the additional traffic generated by the proposal I have a number of concerns. I acknowledge that this is an inner city site and it must be accepted that free flowing traffic will not be achievable in such an area particularly during peak times. However, I have a serious concern in relation to the projected traffic generation for a number of reasons. Firstly, in calculating the peak hour vehicle generation on the network the applicants have used a 39% car modal split to derive the number of vehicles generated (Table 13.16) from the estimated total people trips generated by the development (Table 13.14). In so doing the modal split for staff using cars to access their work is 13%. This is further explained in the evidence of Mr. Tony Horan to the oral hearing where using the client's empirical

data (PMST&HP) it is was estimated that the number of daily work trips would account for 3,000 of the 10,000 daily person trips whereupon the daily vehicle trips estimated to be generated from this figure was 390 (3000*0.13).

The central concern I have is the use of 13% as the modal split for private car use by staff. While I address the matter of parking and sufficiency of same below, the use of the 13% is, in my opinion, unrealistic. The existing modal split for private car use by staff at the Adult Mater is 36%. This includes those who carry a passenger. The existing provision of parking at the Adult Mater is limited to the spaces which adjoin Eccles Street on site of the subject development. The whole rationale for the 13% modal split, in the proposed development, is that limited parking at the proposed facility for staff will force staff onto other modes of transport. However, I would note that there is limited onsite parking on the Adult Mater site as exists, there are 166 spaces of which 106 are reserved for staff and 60 are available to the public. This limited parking provision for a staff, which I understand to be of similar size to that proposed, still provides that 36% of staff drive to work. As I also outline below, anecdotal evidence at the hearing suggested that staff at the Adult Mater use other car parks in the vicinity of the site for parking and, in my opinion, the modal split at 36% would support this evidence. Limited parking provision on the Adult Mater site has not reduced the modal split figure below 36%.

I would also note that the model split for Dublin City Centre is approximately 34% as evidenced by Dublin City Council's Roads Department. The Adult Mater would correspond with this figure. Therefore, the whole rational employed in the TIA in respect of the likely car use by staff in the proposed facility due to limited parking to be provided on site and the modal split likely to arise from same is, in my opinion, unrealistic and without foundation on the basis of the existing situation in the adjoining adult hospital. Indeed one might expect that the mobility management plan in operation in the Adult Mater would be the most reliable source of information for deriving the likely modal split for private car use in respect of the proposal. That figure would, in my opinion, appear more reliable and reasonable than applying the figure for the percentage of staff to be allocated car parking spaces, the calculation of which I discuss further below.

Applying the 36% Mater Adult modal split figure to the 3000 work trips estimated would derive a figure of 1080 (3000*0.36) vehicles on the network on a daily basis as opposed to 390. The corresponding figure for peak staff population would be 653 vehicles (1814*0.36) providing that 653 vehicles are likely to be generated on the network to get to work. Notwithstanding, the peak AM (08.00 – 09.00) figure for vehicle generation is 629 vehicles. This is approximately 39% of the 1594 people trips between 08.00 and 09.00 AM (based on a 13% modal split for staff). It is stated in the TIA that during peak hours the majority of trips to and from the hospital will be by staff. However, it then

states that while the modal split will be more closely approximate to the 13% modal split proposed that in the interest of robustness it has been assumed that the peak hour trips comprise 30% staff and 70% patient/visitor. This would be approximately 188 staff vehicles in the AM peak. Notwithstanding, my concerns regarding the staff modal split used, there is an inherent contradiction in my opinion in this statement as I do not understand how, if the majority of peak hour trips are assumed to be staff that, a figure of 30% of the generated traffic is used.

Furthermore, while I consider the higher figure of 653 vehicles (36% of peak population) to be a more realistic estimate of the vehicle generation on the network from staff accessing the facility by private car it is not apparent how many of these movements would take place in the AM peak. I would note that the mobility management plan submitted refers to flexible working times and states that shift times for a number of clinical staff begin and end outside of the peak travel times. There is however, no breakdown of when most clinical staff are likely to start work which would, in my opinion, impact on the time they are on the network in respect of the AM peak. Therefore, I do not consider that it is reasonable to believe that only 13% of trips generated by staff, either work trips or peak staff, will be by car. This figure is unrelated to any existing mobility management plan and has no basis other than the parking allocation which has been afforded for this figure. It is derived, in my opinion, purely on the basis of staff parking provision which I will address separately below.

The traffic consultant in response to a concern in the observations regarding the difficulty in locating the site referred to advanced directional signage on the radial approaches to the M50 and around the M50 in order to direct motorists along the most appropriate route to the hospital. This response was also provided to my question to the witness at the hearing about what I considered to be the prospect of confusion arising from two access points (Eccles Street & NCR) with those not familiar with the site not knowing which one to use. I am not convinced that this response is sufficient to avoid the confusion likely to arise. I consider more consideration would need to be afforded to accessing the hospital through the two proposed access points if the Board were minded to permit the proposal.

Access from the M50 was discussed in some detail at the hearing and addressed by Mr. Horan in his evidence. Survey results prepared by O'Connor Sutton Cronin (OCSC) of drive time surveys from junctions on the M50 at peak and off peak times were undertaken. These show that from the M50 junctions with the M1, N2, N3 and N4 times vary from 28 to 33 minutes approximately at AM peak times and 13 to 17 minutes AM off-peak. From the N7 and N81 the AM peak times are 40.9 and 61.5 minutes respectively and 22 and 25.2 at the AM off-peak. There are no times provided from the junction from the Tallaght exit to the M11 junction. A further set of surveys was

undertaken by GAMMA using computer software with the drive routes varying in places from those taken by OCSC.

The travel times from the M1, N2, N3 and N4 at peak time vary from 32 minutes to 38 with the off peak times 10 to 14 minutes. From the N7 the peak time is 41.8 minutes with off peak 17 minutes. The peak time taken from the N81 exit is considerably shorter than the OCSC survey at 45.9 minutes (19.6 at off-peak). From the Leopardstown/Sandyford junction (No. 14) the peak travel time is 52.9 minutes with off peak 25 minutes and the M11 junction is 63.8 at peak and 29.6 at off peak. At peak times drive times from the M50 vary from c. 30 mins to 1 hour and are approximately half at off-peak times with times slowest from the southside junctions of the city. Given the location of the site within the north inner city it is reasonable to expect that access from the city's southside would involve longer drivetimes. Thus the travel times proposed are, in my opinion, a reasonable expectation having regard to the inner city location and a balance must be achieved in respect of the ability of the site to be accessed by private car and public transport which I will address in the following section.

7.6.2 Access to the site by Public Transport

The applicants state that the proposal is situated in a location with excellent public transport where the overall level and distance of trips are reduced and the benefits of mobility management planning can be maximised. Reference is also made to the comments of Dublin City Council and the National Transport Authority both of whom consider the location is appropriate for the corresponding level of use and trip demand associated with the hospital facility particularly given its close proximity to existing and proposed public transport. While I consider the mobility management plan in more detail below in relation to staff parking, I would refer to the current public transport facilities serving this site. Firstly, while I would acknowledge that the traffic analysis was undertaken without incorporating the Metro North. The current position in respect of Metro North is that it is being deferred. Therefore the proposal and particularly its accessibility must be considered in the absence of the Metro North. I note the submission of the RPA to the Board and to the hearing with reference to the drafting of a formal agreement to incorporate mitigation measures to mitigate any future impact which may arise. It is noted that this agreement needs to be ratified by the HSE and the applicant. It is requested, by the RPA, that a condition included in the submission made in writing to the Board (Condition No. 1) is included in any permission that the Board may decide to grant. Reference is also made to the Metro North Section 49 levy which is discussed below in Section 7.9 of this report

The most proximate rail access to the site is via Drumcondra which serves the Maynooth commuter line and Longford and Sligo regional and National routes. Drumcondra station is 10 minutes' walk from the proposed entrance to the hospital. Connolly station is approximately 20 minutes walking distance from the proposed entrance to the hospital

and provides Intercity Rail services from Belfast, Sligo and Rosslare and commuter services to Drogheda and Dundalk. Dart Services from Malahide/Howth and Bray/Greystones with LUAS red line services from Saggart and Tallaght. Dart services run to and from Connolly from 05.40 am from Bray, 6 am from Howth and Greystones and 06.30 AM from Malahide with LUAS red line running from 05.30 am. LUAS green line which runs from Bride's Glen to St Stephens Green operates from 05.30 am. I consider this level of accessibility to be good but I am not sure I agree that it could be described as excellent having regard to the distance (20 minutes' walk) from the most accessible transport node, Connolly station. Proposals were also discussed regarding shuttle bus services from Heuston. Regional and National bus services are provided from Busaras which is also approximately 20 minutes' walk from the proposed development.

At the oral hearing the traffic consultants stated that 1,907 buses pass the Mater site on a daily basis with the capacity for 173,000 persons. The buses that serve the site include the No. 3 from UCD to Larkhill, No. 4 Harristown to Monkstown Ave, No. 9 Charlestown to Limekiln Ave, No. 11 Wadelai Park to Sandyford Industrial Estate, No. 13 Harrsistown to Grange Castle, No. 16a Dublin Airport to Lwr. Rathfarnham, No. 38a from Baggot St to Damastown, No. 41 Lwr. Abbey Street to Swords manor, 46a Phoenix Park to Dun Laoghaire, No. 122 Ashington to Drimnagh Road and No. 140 Leeson Street to Finglas. This list is not exhaustive but provides a representation of the geographic spread of the bus routes serving the site. I have a number of concerns on the reliance on the Dublin Bus Service which I will also address in terms of staff access to the facility below. While the north fringes of the city are reasonably well served by bus routes towards the Mater site access by bus from the southern fringes of the city is, in my opinion, poor. While day patient appointments are catered for from Monday to Friday, the Saturday and Sunday services on most of the bus routes commence later in the morning and are less frequent which will impact on staff access to the facility which I discuss further below.

7.6.3 Mobility Management and Parking Provision

In relation to Mobility Management and parking provision on site it was stated by the Traffic Consultants for the applicant in their response to questions at the oral hearing that there is a significant raft of sustainability policies to which they must adhere and that the applicant was required to be in a position to robustly defend the number of parking spaces that '*we are putting in a city centre location*'. I would note that at Section 4 of the Mobility Management Plan (appendix 13b) in respect of modal split it states that the proposal which is subject of the application will encompass the existing CUH (Temple Street) and OLCHC (Crumlin). There is no mention of Tallaght. It notes the operation of a mobility management plan at the MMUH (Mater) and CUH (Temple Street) which have been examined in addition to the travel patterns existing at Crumlin. As I note above, the 2010 staff modal split for car use was 36% (including those who carry a passenger) at the Mater in 2010 and 46% for CUH in 2006. A 2010 staff survey in Crumlin showed 61.2% travel by car. The modal split for the entire proposed facility is

33% by car in 2020, 15% by rail and 18% walking which includes staff and visitors. In my opinion, the crux of the issue in relation to parking is whether the parking provision considered sustainable within a city centre location is adequate to facilitate the proposed development.

In relation to the modal split proposed for the entire facility at 33% in 2020, it states in the mobility management plan that these targets *'are initial only and will be refined once the development is occupied and more detailed employee and patient information becomes available'*. My principle concern is that the modal split and parking provision are being derived on the basis of sustainable objectives which may be successful. However if they are not, there is no margin for any expansion in respect of the parking provision to provide for additional patient and/or staff spaces as there is no option to increase the amount of parking provided. The applicants consultants stated in respect of parking requirement that adequate provision is being made for the need of patients/families/visitors and key staff whilst at the same time being mindful of key sustainable travel commitments. However is 'adequate' an acceptable level of provision within a site where adequate is all that can be provided.

The proposal herein provides for 972 car parking spaces located within 4 basement levels. 236 spaces are proposed for staff with 736 for patients/families, 30 of which are designated for the use of those attending the emergency department. The applicant's rationale for the parking provision on site is set out in some detail in the traffic impact assessment and abbreviated in the précis of evidence presented to the hearing by Mr. Tony Horan of O'Connor Sutton Cronin who were responsible for the preparation of the TIA. I will address the matter of parking as it was calculated in respect of the proposed facility and then I will refer specifically to staff and emergency parking provision which I have particular concerns with in respect of the evidence produced. I would note that again in the précis of evidence Mr. Horan states that there is a fundamental need in the context of the policy documents cited within his statement 'to *minimise the amount of on-site car parking provided so as to encourage where possible the use of public transport*'. It is noted that this '*must be done while mindful of the needs of ill children, of their parents and of key clinical staff*'. This in my opinion sets the context within which the parking provision was derived and devised.

7.6.4 Calculation of Parking Space Requirement

The car parking requirement for the facility is set out in more detail in the TIA contained in the EIS and abbreviated in the evidence presented by Mr. Horan at the oral hearing. Firstly, it is stated in the TIA that a paediatric hospital will have a higher level of traffic than an average adult hospital with trip rates approximately 83% higher than an adult hospital. The increased level of traffic would in turn, it states, lead to an increased demand for parking. There are 4 elements to the multi-factor parking need assessment

undertaken as follows: the Dublin City Council Development Plan Standards; Exemplar Sites; Trics Assessment; and finally Client Empirical Assessment.

In respect of the Dublin City Council Development Plan Standards the site is located in parking zone 2 where it is stated that 1 space per 100 sq.m is stated in the TIA to be allowable which would equate to 1,084 spaces. The hospital facility proposed is not specified in the City Plan standards other than reference to outpatient facilities. By applying the paediatric multiplier to the standard set out in the Plan a parking requirement of 1,983 spaces is derived. The applicant's consultants then undertook a comparison of parking provision at existing hospitals in Dublin. They also include the Chicago Memorial, the relevance of which I would question given the size of Chicago. The paediatric parking multiplier is applied to the hospitals which are not paediatric facilities such as the Mater Adult where the requirement if derived on bed spaces rather than area was substantially different (586 for beds with 807 for floor area). I note that the parking equivalent spaces for Crumlin is 886 spaces. I would however also note that in his evidence Mr. Paul de Freine of the HSE stated that Crumlin has inadequate parking. Anecdotal evidence was also provided by An Taisce and referred to by the Tallaght Hospital Action Group of fly parking in the vicinity of the Crumlin hospital facility. I would also note that there is no reference in the comparator analysis to the parking provision in the existing facility in Tallaght. However as Tallaght is not solely a paediatric centre the provision of shared parking between facilities may be the reason.

The third exercise was an interrogation of the Trics database with the trip profile established in Table 13.14 of the TIA and combined with the average modal split for car travel it was estimated that the maximum number of cars on site would be 1,175. It is stated in the TIA that this figure is a guideline only and that the number may be higher on occasion. Then a parking comparator is derived from averaging all of the parking requirements determined in the City Plan standards, the comparison sites and the Trics accumulation. A figure of 1094 spaces is derived from this calculation. I would however have concerns about including a facility where car parking is acknowledged to be inadequate and a facility in Chicago. Reference is then made by the applicant to the reference in the City Plan to the regard that would be had to the numbers of medical staff, administration staff, patients and visitors in an effort to determine the parking which would be required. For that reason it was decided to undertake a Client Empirical Assessment.

In that regard the Project Management and Health Partnership (PMST & HP) provided information to the traffic consultants on the expected level of patient and visitor levels for each section of the hospital. This is set out in tabular format in Table 13.88 where a maximum parking requirement for patients and visitors of 736 spaces is derived. Staff parking is set out at Table 13.89 with 236 spaces proposed for the peak staff population of 1814 with the medical and dental staff members given the highest proportion of

spaces at 30% equating to 60 of the peak medical/dental population of 200 having spaces with 113 of the 810 peak population of nursing staff given spaces. Staff parking is discussed further in the following section.

7.6.5 Staff Parking

It is proposed that the staff parking allocation of 236 spaces would be located on level -4 and would be operated by means of an electronic tag/access card with specific staff allocated spaces. Peak staff population is stated in Table 13.89 as being 1814 persons. I have concerns about such a low share of parking for staff for a number of reasons. The 2010 staff modal split in the Adult Mater was 36% including those who drive and carry a passenger. However, as I have noted above in respect of vehicle generation there is limited parking on the Adult Mater site as exists, with 166 spaces of which 106 are reserved for staff. This limited parking provision for staff still provides that 36% of staff drive to work. As I also noted above anecdotal evidence was produced at the hearing by Blend Residents Association of the parking facilities in the vicinity of the site which are used by the Mater staff. These include a derelict site on the corner of Wellington Street/Dorset Street (280 spaces), a site on the NCR behind Mountjoy (20 spaces), Dalymount Park, Gresham Hotel car park and Clerys car park with a shuttle bus. While it is proposed that 13% of the staff in the subject proposal would have access to parking it is assumed that the remainder will seek alternative transport options rather than parking options.

However, this would not appear to be the reality on the Adult Mater site as the limited provision of parking on site has a corresponding modal split of 36% as parking is sought and/or provided elsewhere. It was stated that staff not provided with a dedicated space will be forced to seek alternative transport modes as hefty parking charges will force staff out of the proposed car parking. Seeking car parking elsewhere has not, in my opinion been considered by the applicant. I would have a number of concerns about this theoretical assumption over and above the evidence from the Adult Mater that limited parking does not lead to a modal split in the region of 13%. Therefore, my concern is that the limited parking on site will force staff to seek parking elsewhere in the area, will impact on the space available to the public as staff use public spaces, notwithstanding the charges and this has not been considered either in terms of vehicle generation as outlined above, or impact on parking on site or in the vicinity of the site.

I would note that, as stated in the mobility management plan, many clinical staff work shift hours starting early in the morning. While bus services for example commence c. 5.30 to 06.00 am and run until 11.30 pm generally on weekdays, services on Saturday and Sunday are much more restricted with many services not commencing until 07.00 and 08.00 hours on the weekend mornings. Rail services from Drogheda for example commence at 06.30AM on Saturday and 08.00AM on Sunday. Services on the Maynooth line commence at approximately 7AM on a Saturday and 09.40AM on a Sunday. LUAS

services commence at 5.30AM Monday to Friday, 6.30AM on Saturdays and 7AM on Sunday from Tallaght and Bride's Glen. I consider that there is a significant argument to suggest that many staff would chose or be forced to pay the hefty charge in the hospital car park on Saturday and/or Sundays due to poorer public transport options on those days.

There is no mechanism proposed to prevent staff parking in patient spaces other than what were referred to as penal parking charges. This could impact severely in my opinion on the amount of spaces available for parents and visitors accessing the facility at the weekends when for instance family associated with tertiary patients from outside of the Greater Dublin area would be more likely to visit. While I acknowledge that the level of day patient parking would be reduced at weekends as per Table 13.88 of the EIS there in no acknowledgement in the TIA that poorer public transport options would impact on staff transport options or parking needs. Furthermore, the proposal herein is to relocate three existing facilities, two of which are on the southside of the city. As I outlined above, bus services from the southside of the city to the Mater are quite restricted. In addition, clinical staff operating on a handover basis are not accounted for in the consideration of the need for staff parking. Therefore a nurse finishing a shift and their replacement for the next shift are likely to be in the building at the same time for a period of time. There is no acknowledgement of such occurrences and the impact of same on parking requirements and provision.

Furthermore, there was no evidence presented as to how penal the parking charges would actually be other than reference to a survey reference in Table 3 of Mr. Horan's evidence where at a daily rate of €7 plus only 19% of car drivers would continue to drive. These considerations have not in my opinion been addressed. There was no evidence that staff not possessing a designated space would be prevented from using the public car park. As pointed out by Mr. Mulcahy on behalf of Tony Barry & Others if the proposal were to have as successful a mobility management plan as that in operation in the Mater in 2010 that would provide that 23% (36-13 = 23) of the peak staff population would drive to work without having a designated space and seek parking within the environs of the site. 23% of the peak staff population equates to 417 persons. While both the site location and sustainability policies in general dictate that there is not an over provision of parking in city centre locations, it is hardly reasonable to conceive a sustainable policy for modal split dictated by parking provision if the burden is placed on both the facility and on adjoining streets and parking areas for staff who simply cannot find an alternative to the private car in order to get to work.

7.6.6 Emergency Parking

It is stated in the Clinical Review Report of May 2011 that a significant proportion of the parking spaces are dedicated to emergency patients. I note from the evidence presented to the hearing that the number of spaces dedicated to the emergency

department is 30 spaces located on level -1 and I would not consider this to be a significant proportion of the 736 spaces dedicated to public use. Notwithstanding this, what is of concern is that the proportion allocated is sufficient to cater for the likely demand. Dr. Emma Curtis stated in her evidence to the hearing that attendances at the emergency department are anticipated to be 180-190 patients each day. Dr. Curtis also provided a useful breakdown of how patient attendance is spread throughout the day and I would note that 26% of patients are anticipated to attend between 12.00 midday and 16.00 hours with a further 26% of attendances between 16.00 hours and 20.00 hours. This is 52% or approximately 94 patients of the 180 estimated attending within the 8 hours between 12.00 midday and 20.00 hours.

While Dr. Curtis does not state the anticipated length of stay I note that the TIA at page 56 states that average waiting times vary from 4-5 hours. Furthermore in order to provide a worst case scenario the TIA increases this figure by 20%. I would refer the Board to Table 13.88 in the TIA which provides total patient and visitor estimated parking on an hour by hour basis. There is an estimated 92 emergency vehicles on site at 14.00. This is three times the amount of spaces proposed to be provided specifically for emergency patients. If one removes the 20% worst case scenario built into the equation this still leaves approximately 74 vehicles accessing the emergency department, approximately 2.5 times the number of spaces. Therefore I do not consider that dedicating 30 spaces for use by parents accessing the emergency department is adequate to cater for what is likely to be the most sensitive user of the facility.

7.6.7 Helicopter Access

The matter of helicopter access was the subject of considerable discussion at the oral hearing. Reference was made at the hearing by Mr. Nicholas Mulcahy on behalf of Tony Barry & Others to the previous permission pertaining for a helipad (Ref. 4929/03) with the helipad omitted when the Children's Hospital was excluded under Ref. 5449/07. I am also aware of the reference in the May 2011 Clinical Review that helicopter access must be included. The proposal herein does not provide for a helipad as a result of difficulties encountered with the proposal to develop a helipad at the top of the proposed building. Other options are being developed which would provide for an onsite campus facility. This would seem a reasonable option subject to the transfer of patients to the subject proposal from whatever location is chosen to the proposed Children's hospital being suitably discreet, efficient and safe. Whatever option is proposed, I would consider that a helipad is a critical element of a national tertiary proposal and I would recommend in that regard that if the Board are minded to permit the proposed development that a condition is attached to any permission requiring that a helipad is operational within the campus prior to the opening of the subject proposal.

7.6.8 Conclusion

The reliance on a 13% private car modal split for staff, derived from the staff parking allocation proposed is, in my opinion, unrealistic and without adequate foundation particularly as the existing modal split for staff at the adjoining Mater Adult Hospital is 36% with limited parking provided on site. This in my opinion undermines the likely vehicle generation figure by staff estimated in the TIA. Furthermore, there is no provision as to the likely staff movement on the network at the peak times. It is my opinion that the staff parking provision at 13%, has been derived by the applicant advising of the essential requirements for the operation of the core hospital elements, with the remainder of spaces allocated to staff. This would, in my opinion, impose an extremely low and unrealistic modal split for staff car use with the parking provision proposed for staff, not sustainable for the efficient operation of a 24/7 Paediatric Hospital. There are no options in respect of increasing space provision to either patients or staff if the concerns I have outlined above are realised. Therefore, I consider that the parking provision which is considered to be sustainable within a city centre location would be inadequate to facilitate the effective operation of the proposed development.

7.7 IMPACT ON RESIDENTIAL AMENITY

The matter of the impact on the residential amenity of properties in the vicinity of the proposed site is one of particular note given the proximity of the existing two-storey cluster of houses comprising Leo Street, Leo Avenue and Josephine Avenue, in particular to the Mater complex. There are a number of issues which I will address in turn. The matter of overlooking or perceived overlooking is particularly relevant given the height and design of the building with significant elements of glazing and elevated outdoor spaces. Measures proposed to address overlooking are set out in section 5.2 of the Architectural Design Statement and include the use of blinds in a down position and operated on a tilt basis, fritted glass on windows to the north elevation from gridlines 24 – 30 and inaccessible external landscaped areas on the northern side of the building. The distance of the building to the closest property on Leo Street is stated to be 29.4 metres. While perceived overlooking of the adjoining residential properties is inevitable given the height, scale and proximity of the building, I would note that the building is orientated such that views of the adjoining residential properties would be, for the most part, oblique. Furthermore, the ward blocks are at such a height that overlooking from same would be negligible given the separation distance.

In relation to the impact on daylight and sunlight of properties, particularly in the Leo Street area Mr. Bill Hastings and Ms. Amy Hastings presented evidence and responded to questions on this matter. Their report on the impacts of shadows cast refers and concludes that the impacts of the presence of the proposal on daylight access in the area will be very small impacting largely on the Mater Hospital campus itself. It is stated that the shadows cast will 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. In relation

to the impacts during the autumn and winter it is stated that the shadows will spread north through the Leo Street area but due to the existing shadow environment and reducing length of the day that the impact of the shadows will be progressively less. The evidence submitted also refers to the daylight factors within rooms in the surrounding area where the reductions found are less than would be considered noticeable and are above the minimum recommended by accepted standards and guidelines. While I acknowledge the concerns raised there was no evidence presented to counter the findings from ARC.

The shadow impact study which was also included in the EIS illustrates the cumulative impact of both the Adult Hospital currently being completed and the proposed development with the impacts shown in different tones. It demonstrates that the proposal would impact the southern end of Leo Street from c. 4.30 PM onwards on June 21st and moving further northwards. In my opinion, the impact caused to the area in respect of overshadowing would not be significant disimprovement from the current situation. This is in part due to the impacts already experienced from the overshadowing created by the Adult Hospital. While I acknowledge that it is unfortunate for those properties that would be affected, in respect of the inner city location I do not consider it is an unreasonably adverse impact. It is noted from the evidence of Mr. Hastings that the southern façade of Phase 1A of the Adult Hospital as exists will be in shadow throughout the day but there are no concerns on the Mater Hospitals behalf as there would not be an effect on the operation of the hospital. It is clear from the shadow analysis that the most significant impacts of the proposal on the local environment from overshadowing will be on the Adult hospital.

What I do consider to be adverse however is the overbearing nature of the structure on the residential amenity of the area. This is discussed in more detail above in relation to visual impact. Given the proximity of the proposed structure to the properties to the south of Leo Street their rear windows will be met with a very imposing structure comprising the podium element of the proposal as the ward block would be too elevated to be seen from the Leo Street property windows. Views from the remainder of properties in the area will depend on their orientation but the scale of the proposal would create an extremely overbearing impact from many of the front or rear property elevations. Furthermore the cumulative impact of the overbearing nature of the proposed development when taken in conjunction with the adult hospital provides an adverse cumulative overbearing impact on the residential amenity of the area.

Noise particularly from the construction phase of the development was addressed in some detail by Dr Stephen Smith with reference to noise from the construction and operational phases. In relation to construction impacts, it is stated that proposed mitigation measures include binding hours of construction, no night-time working, an 8 metre high noise barrier around the site and low noise construction plant and localised

screens. It is stated that such measures would provide that noise impact experienced at the nearest residential properties would be less than that experienced during the construction of the Adult Hospital. A noise control scheme is proposed as part of the Construction Management Plan. In relation to ambulance movements sirens are not proposed to be used on site unless absolutely necessary. Operational noise is not expected to be a cause of disturbance. Dr. Smith in his evidence also proposed a condition which appears to be a reasonable response. In relation to noise which may emanate from any future Helipad facility, this matter is not part of this application. However, in my opinion any future application would have to consider the amenity of adjoining properties in the consideration of the location of the facility.

There was a concern raised as to the impact of pedestrian access through the site on the amenity of adjoining residential properties. It was stated by Ms. Claire White that the pedestrian access proposed closest to the properties on Leo Street along the eastern boundary of the site was already permitted as part of the Adult Hospital development. The matter of glare and light spill particularly night time spill were considered by Mr Paul Littlefair both in the EIS and at the Oral Hearing and I consider that the conclusions reached are reasonable. It is stated that the impact of obtrusive light is assessed as negligible. In relation to glare it is concluded that reflected discomfort glare would be negligible with solar reflection only occurring at isolated times when the sun is very low in the sky. Similarly conclusions reached in respect of the analysis of wind microclimate provide that the wind microclimate would be suitable for sitting, standing, walking and walkway use. The matter of lighting and CCTV to provide for pedestrian safety in the vicinity of the site particularly for local residents was raised with commitments to address same from the applicant. This is a matter which should, in my opinion, be subject to a strategy for the adjoining public realm.

Mr David Rehill of O'Connor Sutton Cronin provided a detailed statement of evidence on construction related matters which included hours of works which, as noted above, in relation to noise are considered acceptable. A detailed construction sequence was appended to the evidence including reference to the truck movements associated with the removal of excavated material from the site. In order to respond to concerns raised by the Mater Private is it proposed to use the proposed RPA haulage route along the eastern boundary of the site for traffic egressing the site. Measures proposed to address the concerns raised by the Mater Private are addressed in the section 7.9 below. In relation to dust, as is common practice dust minimisation measures and a dust minimisation plan setting out same are proposed. This was addressed by Dr. Edward Porter in his statement of evidence to the hearing and is considered to be acceptable. The construction strategy and hours of operation proposed are in my opinion acceptable and consistent with standard practice. I note the concerns raised in relation to the impact of the proposed piling methods on properties in the vicinity of the site without foundations. This is a matter which requires monitoring by the applicant and

communication with the adjoining community and should be a central part of the construction strategy and community liaison committee which is discussed below.

7.8 LANDSCAPE, OPEN SPACES and MICROCLIMATE

There was considerable discussion at the oral hearing in respect of open space provision within the proposed hospital facility. As is evident from the site layout plan, the extent of the footprint of the building does not facilitate the creation of any open space, public or semi-public at ground level. This would not accord with the zoning objective or the LAP as outlined above. The site footprint afforded to the proposed hospital is entirely consumed by the proposed building and its access routes etc. The applicant, during the hearing, provided a table of all the open spaces within the confines of the hospital building. The therapy park comprises a series of spaces which vary in size from 88.5 sq., on Level 7 to the largest spaces of 1,180 sq.m on the 9th floor. The spaces are all located on levels 6-9 and with the exception of the additional spaces proposed on Level 7 and 8 they are all south or partly south facing in orientation. I note the response of Mr. Pearce to the hearing in respect of concerns raised about potential down draft from the ward block on the recreational terraces below where it was stated that elements have been included in the landscape proposals to address same. These include tall glazed balustrades, pergolas/screens and tree planting and are considered to be sufficient to create the micro-climate necessary to use and enjoy the spaces.

As I have noted above in relation to the layout of the site in planning terms, I would again refer to the inclusion in the EIS at Table 9.5 of the findings relating to strong winds in the site arising following completion of the facility. Seven locations exceed Beaufort force 6, five exceed force 7 and two exceed force 8. These are located primarily along the pedestrian route to the east of the site to the rear of Leo Street which I note was permitted previously as part of the Adult Hospital development. While the exceedences occur for limited periods annually for example 3.4 and 5.7 hours annually in respect of the two locations 35 and 34 where force 8 winds would be experienced, it is noted in the EIS that routes around the site which include these locations are considered unsuitable for pedestrian access on windy days. This restricts the usability of one of the three proposed routes through the site, and arguably the only one which is potentially usable given the constraints outlined above with the other two routes.

In relation to access, it is noted that access to all of the spaces bar two, one of which includes the largest space on Level 9, are restricted to use by staff and patients. While there was some debate about the usability of these spaces given their elevation above ground I consider that sufficient evidence was provided to satisfy the Board that the spaces are usable and pleasant spaces. The spaces are usable, well orientated and well considered with high quality design elements. However I consider that the hospital environment proposal lacks the campus or parkland feel created by outdoor space from an amenity perspective. Furthermore, there is no option of leaving the confines of the

building which would be afforded by overlooked outdoor open space and I do consider that such a constraint impacts on the quality of the environment which the design team seek to create and also the ability to leave the facility. It is my opinion, that the design team have done the best they can do, in respect of open space within the constraints dictated by this restricted site and quantum of space required.

While not within the application boundary the inclusion of the Four Masters Park as part of the public open space connected to the pedestrian routes within the site and its environs was mentioned as an objective of the Plan by the applicant and the City Council. It was considered by the City Council that such a proposal would contribute to community gain and comply with objective OSL13. There was however considerable local objection to this proposal and the matter was the subject of discussion at the oral hearing. While visually permeable the park is currently closed to the public and enclosed by iron railings. While I agree that making public spaces usable is to be encouraged, I do not consider that the park would be of any real use to the patients/staff of the Hospital given the specifically designed open spaces proposed within the facility notwithstanding the concerns I outlined above. The rationale for the local community's objection to the opening of the park related to the matter of avoiding the creation of spaces which would encourage anti-social behaviour. I do not consider that the park is a critical element to the permeability or other functioning of the facility and therefore I do not consider it necessary to seek the inclusion of the Park into any permeability strategy related to the proposed development.

7.9 DEVELOPMENT CONTRIBUTIONS

Dublin City Council in their written submission to the Board and at the oral hearing proposed that if permission is granted by the Board that both a Development Contribution under Section 48 of the Planning and Development Acts, 2000- 2010 be applied as well as the Section 49 Metro Levy. Similarly the RPA recommend in their submission to the Board that as the proposal is within the area set out in the Metro North Section 49 Levy Scheme adopted by Dublin City Council on 6th February 2007 that a condition should be attached requiring the payment of a supplementary development contribution. It is stated in the RPA submission that the proposed development does not fall under the exemptions listed in the scheme. The applicant in their application documentation contend that as they have charitable status that they are exempt from the payment of development contributions.

In relation to the Section 48 Development Contribution, the Scheme at Section 10 sets out the exemptions and reductions to the Scheme. One of the exemptions/reductions within the scheme provides that 'the non-profit making/non-commercial element of community related developments by or on behalf of registered charities and/or voluntary organisations' are exempt. There are three relevant elements to this exemption. Firstly, that any profit making elements are not exempt and therefore

subject to the scheme. This is acknowledged by the applicant. Secondly that the development is community related. I consider that the proposal herein could be considered to be community related. Thirdly, that the development is by or on behalf of registered charities and or voluntary organisations. The applicants claim at section 17 of the planning report submitted with the application that the applicant, the NPHDB, is acting on behalf of the HSE and the HSE is a registered charity as is confirmed by a letter from the Revenue Commissioners. Therefore it is stated that all bar the profit making elements of the proposal are exempt from the provisions of the Scheme.

Reference is also made in the Report to the basement parking levels and to the applicability of the contribution scheme to this floor area. I note that the Development Contribution Scheme states at Section 10 in relation to exemptions/reductions that non-residential ancillary non-surface car parking shall be liable for development contributions at 50% of the commercial rate. I would also note that a fee is to be charged to the public for use of the spaces. Therefore I consider that it is clear that the scheme is applicable to the car parking area and the reduction provided is quite clear. The exemption that the applicant claims applies is not clear to me particularly as the exemption applicable to charities refers to the non-profit making element of the proposal.

Therefore, if the Board are minded to grant permission and notwithstanding the matter of charitable status, given that there is an element of the proposal that is subject to the scheme, i.e. the profit making part, I would recommend that an undefined Section 48 condition should be attached to any permission. The amount to be paid should be agreed with Dublin City Council and in default of agreement that the matter should be referred back to the Board. I would also note that the matter of development contributions and the Mater site was subject of an appeal under PL29N.226878 where the application of the Contribution Scheme was the subject matter. The Board considered that the contribution scheme had not been properly applied and directed that the conditions relating to both the Section 48 and 49 schemes be amended to provide for specific sums of money.

In relation to the Section 49 Metro North levy and requirement to pay the contribution required for same, similar to the Section 48 scheme, Section 11 of the scheme outlines the categories of development which are exempt. They are as follows:

(a) Development by or on behalf of a voluntary organisation which is designed or intended to be used for social, recreational, educational or religious purposes by the inhabitants of a locality, or by people of a particular group or religious denomination, and is not to be used mainly for profit or gain,

(b) Development designed or intended to be used as a workshop, training facility, hostel or other accommodation for persons with disabilities and is not to be used mainly for profit or gain,
(c) Social and affordable housing units, including those which are provided in accordance with an agreement made under Part V of the Act (as amended under the Planning & Development Acts 2002) Development (Amendment) Act, 2002) or which are provided by a voluntary or co-operative housing body, which is recognised as such by the Council.
(d) Development ancillary to development referred to in paragraphs (a), (b) or
(e) Domestic extensions.

The proposal herein does not, in my opinion, comply with any of the exemptions outlined above. The planning report submitted with the planning application refers at section 17.11 to the Section 49 scheme and contact between the applicant and the RPA. The RPA confirmed in their submission to the hearing that the scheme is applicable and a condition should be attached. At the present time the scheme is still in force and therefore, if the Board are minded to grant permission for the proposal a condition requiring compliance with the Section 49 Metro Levy Scheme should be attached.

7.10 COMMUNITY LIAISON, COMMUNITY GAIN & PLANNING GAIN

There are three elements to this issue, in my opinion, firstly the matter of community liaison, secondly community gain as it relates to a community fund and finally the planning gain fund sought by Dublin City Council in respect of a Heritage Study. Firstly, in respect of community liaison while it is incorporated into the proposed community gain condition proposed by the applicant, I consider that the matter of community liaison is a separate matter albeit related to community gain. In this respect I consider that a community committee is essential in respect of any proposal of this scale given the proximity of the local residential communities. I note the comments of particularly Mr. Eamonn Smyth in this regard. It is clear that members of the local community including Mr. Smyth have invested significant time and effort in community liaison to date in respect of this subject proposal and other matters relating to the Mater campus. There was dismay on behalf of a number of the participants at the hearing in response to the proposals put forward by Mr. Paul Heade, Project Manager in respect of the membership of the proposed liaison committee. A suggested condition in relation to same was proposed at Section 6 of Mr. Heade's evidence to the hearing which stated that the committee should include three members of the local community and two each from elected Dublin City Council representatives and two officials in addition to two representatives of the developer.

I would note a significant number of the local community made submissions to the hearing many of whom mentioned the makeup of this committee. While it is essential that any such committee does not become unwieldy and unworkable it is also essential that it is representative of the community which is required to accommodate both the

construction and operational phases of the proposal. I would therefore recommend that if the Board are minded to grant permission for the proposal that a separate standalone condition should be included which requires that at least 5 local community representatives are included.

While noting that the proposal of itself is a community gain, this could arguably be said of most strategic infrastructure developments. The matter of community gain is one which has been the subject of some considerable discussion. I note the details relating to requests made by the local community in respect of benefits to the community and to the employment of a Community Advocate and the community gain proposal report. I note a series of six proposals which the applicant is prepared to deliver on such as employment for local residents by way of 5% of the construction workers, additional security, site construction co-ordinator and also provision of a community scheme to allow residents to claim for any damage to property arising as a result of the construction phase. There is a list of six other provisions which it is stated will not be delivered upon which include designation of streets for resident only parking amongst others.

The community gain condition proposed in Mr. Heade's evidence proposes that a community gain fund be established to support facilities and services which are proposed to be of benefit to the community in the vicinity of the site. The fund was proposed to be made up of 5 annual payments of €200,000 per annum totalling €1 million. While it is proposed that the management of the fund shall be agreed between Dublin City Council and the Community Liaison Committee, I note that Dublin City Council did not agree with this approach recommending the approach adopted in respect of the redevelopment of Lansdowne Road stadium. Notwithstanding my opinion that the community may deserve community gain by way of a benefit fund due to inconveniences arising, the matter is one which is determined by specific legal provisions included in the Planning and Development Act, 2000 as amended. Section 37G(7)(d) of the Planning and Development Act 2000, as amended states that the Board may attach to a permission:

'A condition requiring –

(i) The construction or the financing, in whole or in part, of the construction of a facility, or

(ii) The provision or the financing, in whole or in part, of the provision of a service,

In the area in which the proposal development would be situated, being a facility or service that, in the opinion of the Board would constitute a substantial gain to the community'.

Section 37G(7)(d) is quite specific in respect of its applicability and the jurisdiction of the Board in that it refers to facilities or services which in the opinion of the Board would

constitute a substantial gain to the community. I note that the proposal put forward by the applicant relates to a fund and does not include reference to any facility or service. Equally no proposal has been included per se in submissions to the Board by the observers. However, I note the references within the application documentation and in the statement of evidence from Mr. Paul Heade to the Community Gain Report prepared by the Community Advocate issued in September 2010 and included in the application documentation. While a number of the proposals put forward may not comply with the provisions set out above, I consider that it would be feasible that one or more of the proposals would comply with same and would be considered to constitute services to the local community.

Furthermore, the exercise and subsequent community gain report were undertaken by the applicant and the community with specific regard to the consideration of community gain. In that regard I would recommend that if the Board are minded to permit the proposal that a condition in respect of Section 37G(7)(d) is attached. Notwithstanding the foregoing, I would further note that neither the Aviva nor Croke Park stadiums were permitted under the provisions of the Strategic Infrastructure legislation. Therefore the applicant may propose to establish a fund for community gain outside of the confines of Section 37G if permission is granted for the proposed development without the inclusion of a specific condition.

In his evidence presented to the oral hearing on behalf of Dublin City Council, Mr Paraic Fallon proposed a condition by way of planning gain having regard to the '*challenges posed by the proposed development in relation to meeting certain Key Landmark Objectives outlined on page 55 of the LAP, particularly in relation to local and city wide visual impacts'*. The condition seeks a financial contribution of an amount not exceeding €1,000,000 to contribute to the funding of the implementation of a research agenda/programme on the architectural heritage of the North Georgian core, with reference to the UNESCO Recommendation on Historic Urban Landscape to be prepared by the Planning Authority and implemented over the period 2013-2017. It was stated that such a study would be provided as a service by the Planning Authority in accordance with the provisions of Section 37(g)(7)(d)(2) of the Planning and Development Act as amended.

I have addressed the matter of visual impact and architectural heritage separately above and I do not wish to restate the matters raised. I would note the comment made by Mary Laheen Architect on behalf of the Mountjoy Square Society that the study carried out by Mr Paul Arnold and included in the EIS is the most comprehensive document on the architectural heritage of this city in the vicinity of the subject site which, it is stated, concludes that the impact of the proposal is adverse. Reference is also made by Ms. Laheen to the contradictory nature of the proposal by Dublin City Council to encourage the development proposed which compromises the historic city and then to seek to

carry out research on the importance of the North Georgian core as a historic urban landscape. I agree with this contention. I also note the comments made at the Oral Hearing by Dr. Frederick O'Dwyer from the Department of Arts, Heritage and the Gaeltacht where he noted that the NIAH (National Inventory of Architectural Heritage) had commenced for the Dublin area and is funded and rolled out by the Department and while there is liaison with the City Council there is no request for funding or a contribution for same from the City Council. Finally, I would refer to Policy FC45 of the City Plan which seeks to promote the regeneration and enhancement of the north city Georgian Square and the North Georgian mile with public enhancement schemes, cultural initiatives and specific development policies. There is no mention of the preparation of such a study in the Dublin City Development Plan.

7.11 OTHER MATTERS

In relation to drainage both foul and surface water drainage and water supply I consider that if the Board are minded to permit the proposed development that a condition should be attached which requires the written agreement of the City Council in respect of compliance with the suite of requirements/conditions proposed in this respect by the City Council in their report to the Board. The requirements in respect of SUDS are particularly relevant, in my opinion. Similarly in respect of roads, a condition should be attached, if the Board are minded to grant permission for the proposal which provides for the written agreement of the City Council in respect of compliance with the Council's conditions as outlined in the report submitted to the Board. I would also note the City Council's request at the oral hearing that an additional 150 bicycle parking spaces are provided.

A submission was received by the Board from agents representing the Mater Private in response to mitigation measures proposed in the EIS which included a separate section which included an impact assessment of the basement construction. During the course of the hearing the Mater Private's Legal Counsel in their oral submission stated they support the proposal and their 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. They referred to the early engagement which was had with the applicant to address issues of concern. Reference was also made to a joint statement prepared on behalf of the applicant and the Mater Private which concludes that no adverse impact from using the haul route is predicted. The Joint Statement refers to the use of the RPA haul route as the principal egress route and to the predicted magnitude of vibration that will arise and the vibration risks of same to the Mater Private which will not cause the vibration tolerance within the hospital to be exceeded.

The applicant's representatives presented a series of documents to the oral hearing including a document entitled 'Supplemental Mitigation Measures' which includes 36

additional measures which relate to noise and vibration, ground movements, traffic and transportation and other issues. It also included the Joint Statement referred to by the Mater Private above. Appendix 1 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_{10} 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 were included. I consider that the issues and concerns outlined by the Mater Private have been adequately addressed and if the Board is minded to permit the proposed development that a condition should be attached which refers specifically to the supplemental mitigation measures presented to the hearing and the related material accompanying same.

Dublin City Council proposed a waste management condition at the oral hearing which includes matters relating to the construction and operational phases of the proposed development. This is considered reasonable. A submission made to the hearing on behalf of Manus Coffey Associates outlined concerns with regard to fire safety and health and safety. These matters are outside of the scope of the planning code and therefore are not considered material to this assessment as a Fire Safety Certificate for the proposal is required. I note the questions at the hearing relating to a crèche facility on the site and the absence of same. I consider that a facility with almost 3,000 staff would benefit from such a facility however I note that such a use would encourage car use to the site. Reference was made to the opening of a rail station at Cross Guns Bridge. This is outside the scope of the proposed development or the role of the Board in this regard. Finally, the applicant has sought a 7 year permission. While I acknowledge that this proposal is complex I am also minded of the construction impacts, however temporary, arising for the most proximate local residential community. I would however note that the adult hospital was afforded a 7 year permission from the City Council. Therefore if the Board are minded to permit the proposal I recommend that a 7 year permission is facilitated.

7.12 ENVIRONMENTAL IMPACT ASSESSMENT

7.12.1 Introduction

An Environmental Impact Statement accompanied the planning application submitted to An Bord Pleanála on 20th July 2011 and follows a grouped format structure with each environmental topic presented in a separate chapter. An outline of the contents of the Environmental Impact Statement is set out in Section 2.4 above. Article 94 and Schedule 6 of the Planning and Development Regulations 2001, as amended, sets out the information to be contained in an EIS and, in my opinion, the document accompanying the application technically accords with the said details with the subjects to be addressed set out therein. In accordance with the requirements of Article 3 of the

European Directive 85/337/EEC, as amended by Council Directives 97/11/EC and 2003/35/EC and Section 171A of the Planning & Development Act 2000-2010, the environmental impact statement submitted by the applicant is required to be assessed by the competent authority, in this case by the Board. In this assessment the direct and indirect effects of the proposed project need to be identified, described and assessed in an appropriate manner, in accordance with Articles 4 to 11 of the Directive.

The mitigation measures proposed are contained in each chapter. There is no separate mitigation strategy which incorporates all of the mitigation measures proposed which would be a useful summary document. I note that the cumulative impact of the proposal is outlined in Chapter 16 under the heading of interactions where it is stated '*emerging effects are more difficult to predict but are likely to include those arising from the development of other hospital related projects – as described in the Masterplan document that accompanies this application. Effects are also likely to arise in this area from the development of the RPA's Metro North project as well as the other uses and developments envisioned by Dublin City Council's Local Area Plan for the area and environs. Each section of the EIS considers how this proposed project will incrementally contribute to the establishment of the overall envelope of effects caused by the development of the CHoI'.* Reference is made in a number of instances throughout the EIS to cumulative effects.

7.12.2 Alternatives

The matter of the consideration of alternatives was the subject of considerable discussion during the pre-application consultation, the observations submitted to the Board and at the oral hearing. Article 5 as amended by Council Directive 97/11/EC of 3 March 1997 amending Directive 85/337/EEC on the assessment of the effects of certain public and private projects on the environment includes at Part 3 (of Article 5) the information to be provided by the developer in accordance with paragraph 1. These include at least '*an outline of the main alternatives studied by the developer and an indication of the main reasons for his choice, taking into account the environmental effects'*. Schedule 6 of the Planning and Development Regulations 2001, as amended, requires at Part 1(d) that '*an outline of the main alternatives studied by the developer and an indication of the main reasons for his or her choice, taking into account the effects on the environment*'.

The Environmental Protection Agency (EPA) provide Guidelines on the Information to be Contained in Environmental Impact Statements (2002) and refer at section 2.4.3 to the matter of alternatives noting that for major infrastructure projects the intrinsic suitability of the site is the principal amelioration strategy and also states that there is an acknowledgement of the difficulties and limitations which arise when considering alternatives. Specifically in the Guidelines the EPA refer to hierarchy and state that '*many projects, especially in the area of public infrastructure arise on account of plans,*

strategies and polices which have previously been decided upon' and it continues by stating that '*in some instances neither the applicant nor the competent authority can be realistically expected to examine options which have already been previously determined by a higher authority*'. Section 3.2.2 of the Guidelines refer to the consideration of alternatives on three levels – locations, designs and processes.

The applicants have at Section 2, chapter 4, page 1 of the EIS included at footnote 2 a direct quote from the record of the pre-application meeting held with the Board. It states that the Board noted the position of the prospective application in relation to Government policy and that it is not it's (the applicants) intention to address alternative sites. I would note that this statement in the record provides that the Board 'notes' the applicants position. It is not my reading of this statement that the Board accepts this position. The record continues by stating that the Board is of the view that the application documentation should include an expansion of the rationale contained in the McKinsey and other reports, in addition to other measures set out in the record. In this regard section 4.4.1 refers to alternative strategies and processes where reference is made to the recommendations set out in the McKinsey Report and to the 2011 Independent Review recommendations.

Section 4.4.2 of the EIS is entitled '*alternative sites and brief*' and refers to the Joint Task Force and to the consultation carried out in respect of particularly the six existing Dublin Academic Teaching Hospitals with reference to the Task Force recommendation of the Mater site. Reference is then made to the development of a brief for the proposal. There follows reference to the Independent Review carried out in 2011 of the proposal which refers to notional alternative sites. I do not consider that what is set out in respect of alternative sites addresses the advice provided by the Board and which is included in the footnote, that being that the '*application documentation should include an expansion of the rationale contained in the McKinsey and other reports*'. There is no expansion of the rationale contained in the reports referred to particularly the site selection report, the May 2006 Report of the Joint Task Group. However, the Board have given advice and in my opinion this is just that, advice. What the applicant must address is the requirements of the Directive and in respect of alternatives the requirement of the Directive is to provide '*an outline of the main alternatives studied by the developer and an indication of the main reasons for his choice, taking into account the environmental effects'*.

At the oral hearing Mr. Conor Skehan on the applicant's behalf addressed alternatives. He stated at page 5 of his evidence that '*once this site was selected and approved by the Government then the brief, masterplan, site plan and building design were developed, with alternatives considered at each level. Thus land-use, planning and environmental consideration gradually became part of this process as considerations began to include spatially specific considerations'*. It was further stated that the SEA prepared as part of

the Phibsborough/Mountjoy LAP in 2008 included the environmental effects of the hospital at the subject site. It is quite clear from the statements outlined above and the remainder of the statement of evidence dealing with alternatives that the consideration of land use and environmental effects commenced following the decision to select the site.

A number of the participants at the hearing referred to the inadequate consideration of alternative sites and proposed alternative options. These included a site close to Heuston Station and St. James Hospital with the owner of a site at Newlands Cross stating that alternative sites were not appropriately considered. There was also reference to the cost benefit analysis submitted at the Board's request. While there was some confusion as to what exactly this analysis comprised or what it was required to comprise, with reference made to cost benefit analysis required under the National Development Plan, the analysis submitted with the EIS relates to impacts on residential amenity and visual amenity and benefits arising. Therefore it is not intended to comprise a cost benefit analysis in an economic sense.

There are two matters which I consider are relevant in this regard, firstly, what comprises an outline of main alternatives and secondly, the matter of taking into account the environmental effects. Firstly, I consider that the applicant has outlined the main alternatives considered. This includes sites by way of reference to the Task Group Report and also alternative masterplans and design concepts. In this regard I would refer to the judgment in Klohn v An Bord Pleanála (2008) IEHC 111 which was referred to at the oral hearing. In relation to the consideration of alternatives it states that 'it is significant at the outset to note that para. 1(d) uses language that is not overly demanding in that regard. All that is required of the Developer is that he provide an *"outline of the main alternatives studies by the development and an indicated of the main reasons for his or her choice…." (emphasis added). One cannot deduce from such loose and forgiving language an obligation that is very specific in its demands….In my mind there can be little doubt that the EIS complies with this low threshold".*

Therefore, I consider that it is clear that there is a low bar in respect of the consideration of alternatives and I consider that the alternatives addressed in the EIS would comply in respect of the requirement to *outline of the main alternatives.* In relation to the matter of taking into account the environmental effects I consider that any such outline involved requires such a low bar of compliance that the environmental effects stated to be taken into account as part of the LAP process, the site masterplan and other iterations would comply with the requirement of the Directive. In this regard I consider that the matter of alternatives has been addressed such that it would meet the limited requirement of the Directive and Regulations.

7.12.3 Compliance with the requirements of Articles 94 and 111 of the Planning and Development Regulations 2001, as amended

It is my submission to the Board that the proposed development, in overall terms, is in compliance with Articles 94 and 111 of the Planning and Development Regulations, 2001, as amended. To this extent I note:

- The EIS contains the information specified in paragraph 1 of Schedule 6 of the Regulations. The EIS:

- Describes the proposal, including the site and the development's size, design and configuration;
- Describes the measures envisaged to avoid, reduce and, if possible, remedy significant adverse effects;
- Provides the data necessary to identify and assess the main effects the project is likely to have on the environment;
- Gives an outline of the main alternatives studied and the main reasons for the choice of site and development, taking into account the effects on the (see section 7.12.2 above).

- The EIS contains the relevant information specified in paragraph 2 of Schedule 6 of the Regulations. This includes:

- a description of the physical characteristics of the project and its land use requirements during the construction and operational phases of the proposal;
- the main characteristics of the proposed development are set out;
- the emissions arising are outlined;
- a description of the aspects of the environment likely to be significantly affected by the proposal are set out in individual chapters;
- a description of the likely significant effects on the environment resulting from the development's existence, the development's use of natural resources, the emission of pollutants and creation of nuisances, and a description of the forecasting methods used are set under each of the headings; and
- an indication is provided of any difficulties encountered in compiling information.

- There is an adequate summary of the EIS in non-technical language.

7.12.4 Identification of the likely significant direct and indirect effects of the project on the environment

The submitted EIS and my assessment preceding this part of my report focuses on the significant direct and indirect effects arising from the proposed development. I propose here solely to identify the main likely significant effects under a range of headings. While each heading is included it does not imply significant effects were outlined in each chapter as discussed below. The headings outlined are the headings used in the EIS (but not in the order found in the EIS) for ease of reference. I would note that they include the aspects of the environment included in Paragraph 2(b) of Schedule 6 as follows:

Human Beings

- Employment;
- Economic activity;
- Improved health facilities;
- Impacts outlined under climate and microclimate, air quality, noise, landscape and visual assessment and traffic below;

Architectural Heritage

- Protected structures and other buildings on the site;
- Streetscapes, significant buildings and protected structures within immediate vicinity of the site;
- Historic urban landscapes.

Landscape

- Impacts identified are residual impacts of selected representative views.
- Impact on Dublin City Centre;
- Impact on heritage areas;
- Impact on amenities.

Traffic and Transportation

- Impact on junctions on the local road network;
- Impact of construction traffic;
- Removal of excavation material;

Climate & Microclimate

- Climate – greenhouse gas emissions.
- Sunlight Access
- Daylight access – not significant
- Glare
- Spill Light at Night – not significant
- Wind

Air Quality

- Dust emissions;

Noise and Vibration

- Construction Noise;
- Structural damage during construction;
- Operational noise.

Soils, Water & Hydrogeology

- Contamination of water and groundwater system;
- Excavation of soil;
- Groundwater levels;
- Effect of basement construction;
- Impact on Metro North;
- Run-off;

Flora & Fauna

- Removal/Loss of trees

Material Assets

- No significant effects

Archaeological Heritage

- Depth of excavation below known archaeological horizon.

Interactions

- Human beings and flora and fauna, traffic, air quality, noise and vibration, landscape and architectural heritage;
- Flora and fauna and human beings, landscape;
- Soils, water and hydrogeology and architectural heritage;
- Material assets and human beings;
- Air Quality and human beings;
- Landscape and human beings, flora and fauna and architectural heritage;
- Architectural heritage and human beings, landscape and soils.

7.12.5 Description of the likely effects identified

The likely effects arising from the development proceeding is anticipated to include the following:

Human Beings

- Employment: short term local community impact at construction stage with the relocation of jobs following completion not likely to impact significantly;
- Economic activity: increased population in the area during construction necessitates increased services. Following completion the proposal is considered to be likely to heighten attractiveness of area for ancillary and associated land uses.
- Improved health facilities: for children in Ireland and improved facilities for local community.
- Impacts outlined under climate and microclimate, air quality, noise, landscape and visual assessment and traffic below;

Architectural Heritage

- Protected structures and other buildings on the site: effects range from medium - high adverse to high adverse;
- Streetscapes, significant buildings and protected structures within immediate vicinity of the site – effects range from medium to high adverse;
- Historic urban landscapes – effects range from low to high adverse.

Landscape

- The impact assessment outlines the residual impacts of the proposal;
- Visual impact on selected views of Dublin City Centre – stated to be discernible but not dominant on the skyline from many intermittent views;
- Impact on selected Heritage Areas – intermittently visible from locations within heritage areas being more visible and more visually dominant from locations closer to the site;
- Impact on selected amenities – proposal visible and prominent from selected views but no loss of amenity other than change to a detail of the setting;

Traffic and Transportation

- Impact on junctions on local road network – Eccles Street/Berkeley Road junction and junction from Eccles Street into proposed car park.
- Impact of construction traffic on road network and cumulative impact with Metro North stop box construction;
- Impact of removal of excavation material;

Climate & Microclimate

- Climate – greenhouse gas emissions during construction and operational phases due to traffic related emissions.
- Sunlight Access – moderate to significant impact on sunlight access for dwellings at Leo Avenue during late evenings of summer months.
- Daylight access – no material impact on daylight access predicted.
- Glare – considered significant at Eccles Place and above recommended level due to sunlight reflected from the curtain walling.
- Spill Light at Night – not significant
- Wind Studies – seven locations along the eastern boundary of the proposal where there are wind speeds in excess of Beaufort Force 6 of which five exceed force 7 and two of which exceed Force 8.

Air Quality

- Emissions to atmosphere during construction including quantities of dust;

Noise and Vibration

- Noise from demolition of buildings on site, site excavation, and construction of secant pile wall around the site and the proposed building;
- Cosmetic or structural damage to buildings and underground services during construction;
- Operational noise from building services, additional traffic on public roads, car parking, emergency dispatch and waste and service yard area

Soils, Water & Hydrogeology

- Contamination of water and groundwater system from fuel and lubricants;
- Excavation and disposal off site of 269,000m3 of soil;
- Alteration of surrounding groundwater levels due to drawdown from pumping to allow excavation of basement;
- Effect of basement construction on protected structures in vicinity and Mater Private;
- Impact on running tunnels for Metro North from east elevation of the secant pile wall;
- Run-off from proposal which will pass through a closed drainage system;

Flora & Fauna

- Removal of trees from the site and Eccles Street

Material Assets

- No significant effects

Archaeological Heritage

- Depth of excavation below known archaeological horizon: monitoring results from works at new Adult hospital indicate that there is original ground surviving in small pockets in the general area;

Interactions

The effects of the interactions between human beings and flora and fauna, traffic, air quality, noise and vibration, landscape and architectural heritage; flora and fauna and landscape; soils and architectural heritage are implicit in the range of preceding issues listed.

7.12.6 Assessment of the likely significant effects identified, having regard to the mitigation measures

My detailed assessment set out before this section of the report fully considers the range of relevant likely significant effects with due regard given to the mitigation measures proposed to be applied with the proposed development proceeding. What follows is a short list of some of the most important mitigation measures proposed to be

employed which are considered necessary to address the range of potential significant impacts arising from the proposed development.

Human Beings

- Dust, noise and vibration measures set out in relevant sections of the EIS.
- Detailed report on the removal of asbestos is included at Appendix 5b.
- Construction traffic mitigated through haul routes and the construction management strategy.
- Security measures and site working hours are also considered to mitigate the significant impacts of the proposal.
- Operational phase mitigation measures include the management of the hospital to established security protocol and management of traffic through amongst other measures the mobility management plan.

Architectural Heritage

- No additional mitigation possible beyond that already reflected in the form and massing of the building.

Landscape

- Incorporated into the detailed design, no additional mitigation proposed.

Traffic and Transportation

- Signalising Eccles Street/Berkeley Road junction;
- Plans for signalising of development accesses from Eccles Street and North Circular Road submitted to oral hearing.
- Construction traffic management plan;
- Use of RPA haul route for egress for trucks removing excavated material;

Climate & Microclimate

- Climate - EU legislation requires CO2 emissions are reduced to 120g/km by 2012;
- Sunlight Access – no mitigation proposed.
- Daylight Access – no mitigation proposed.
- Glare – modifying the glazing to provide low reflectance glass at north east corner of Levels 0 -3.
- Spill Light at Night – no mitigation necessary.
- Wind Studies – no mitigation considered feasible.

Air Quality

- Dust ministration plan incorporating wheel wash, dampening haul roads and speed restriction on site roads.

Noise and Vibration

- Imposition of noise limits and hours of construction;
- Screening around site of up to 8 metres;
- Selection of quiet plant during construction;
- Vibration limits;
- Enclosing driving system in acoustic shroud during piling;
- Building services and mechanical plant – noise control techniques.

Soils, Water & Hydrogeology

- Construction management plan and fuel/chemical handling and storage management plan;
- Secant piled box around proposed basement will not impact significantly on groundwater with monitoring to be put in place;
- Wheel wash facilities and covering of stock piles;
- Mitigation measures presented to the hearing in respect of the Mater Private;
- Impact on running tunnels for Metro North from east elevation of the secant pile wall discussed with RPA with temporary support anchors proposed to utilise systems developed for installation near tunnelling;
- Run-off from proposal to pass through a closed drainage system with silt traps and interceptors;
- Residual impacts include removal and disposal of soil but it is not considered significant.

Flora and Fauna

- Replanting of trees along Eccles Street will mitigate the loss of the existing trees.

Material Assets

- No mitigation additional to normal licencing etc.

Archaeological Heritage

- All site investigation to be monitored by a suitably qualified archaeologist for the construction programme to ensure that in the event of archaeological material being revealed that the full significance and appropriate level of recording will occur.
- Full recording of the retaining wall along the street frontage which is likely to be 18th century.

7.12.7 Conclusions regarding the acceptability or otherwise of the likely residual effects identified

The conclusions regarding the acceptability or otherwise of the likely main residual effects of this proposal are addressed under the various headings of my main assessment above and I do not consider it necessary to repeat them. It is clear that the principle areas of concern focus on architectural heritage, landscape and visual impacts, access, traffic and parking and impacts on the residential amenity of the area. The

following concluding section of my assessment now seeks to summarise the critical issues and to provide a recommendation on the proposal before the Board.

8.0 CONCLUSION & RECOMMENDATION

The matter of whether the hospital in principle is necessary is not a matter which I consider is in dispute. I consider it essential that our country's children are provided with a facility of exceptional standard, a centre of excellence. Dublin City Council considered that the compromise necessary to achieve development in inner urban areas is outweighed by the positive contributions which this scheme would make to the city centre. In my opinion, the necessary compromises in this instance should be made on the basis of the achievement of a world class paediatric hospital. However, I do not consider that the compromises necessary would be outweighed by the provision of the subject facility such are there significance. The proposal as it comes before the Board on the subject site would, in my opinion, give rise to a number of residual environmental effects of such significance in respect of their adverse impact that they cannot be reconciled with the need for the proposed facility. What appears key to me, in the consideration of this proposal, is that the application before the Board is the culmination of a process where the consideration of the impacts on the receiving environment have been second to clinical requirements and critical care adjacencies, particularly in respect of the residual visual impacts and impact on the setting of the historic city core. The suitability of the site in principle and the ability of the receiving environment to absorb the facility, the impact of which has emerged since the development of the model of care are two very different considerations and this, in my opinion, is the crux of the issue.

In relation to the Phibsborough/Mountjoy Local Area Plan, the site brief for the Mater contains an outline of the LAP vision for the site which it states is to develop a permeable campus environment which integrates with the wider urban structure. It further states that the integration of the hospital into the area is 'centred' on reinstating and enhancing the existing courtyard structure and introducing permeability. The proposal takes one element of the indicative site plan, the exceptional height and applies it to almost the entire site as opposed to the limited part of the site it was proposed to occupy. Then the elements of the indicative layout designed to absorb the landmark structure into this sensitive environment were omitted in order to provide for the clinical requirements of the proposed facility. Finally, one of the 15 key site objectives which sought the provision of open spaces which integrate with a pedestrian route network for the area providing north-south and east-west permeability through the site has not materialised. The design and layout proposed therefore fails to meet key objectives for the site, fails to satisfy the key vision, fails to incorporate the design elements proposed to mitigate the impact of the envisaged height and contravenes the objectives set out for the development of the facility in the LAP.

The skyline of the north inner city and a number of internationally and nationally significant landmarks, Georgian streetscapes and squares would be significantly and adversely altered by a visually prominent and in many instances a visually dominant

structure. A very significant and in some instances profound change would occur within the environs of the site. The zone of visual potential map illustrates that there is little change in the visual impact of the proposal should the Board decide to remove two floors from the proposal. In addition to not solving the visual impact of the problem, removing floors would militate, in my opinion, against the provision of a suitable facility. This zone of visual potential map also highlights areas of the city, amongst them the Phoenix Park, which would be impacted upon but which has not, in my opinion, been addressed satisfactorily, despite the assessment of other amenity areas in the city. Notwithstanding the perceived limitations of the visual impact assessment, what is clear is the significant and adverse residual impact created by this visually dominant structure on those areas of the local and citywide environment which were assessed.

As stated by the applicants own expert, this large and distinctive building will be visible from many locations and there will be an adverse visual impact on key views, streetscapes and landmark buildings within the close environs of the site and the wider historic urban landscape. Most of the indirect impacts are stated to be adverse with the adverse impact on the internationally significant St George's Church of the highest order. There are identifiable adverse impacts on some of the country's most important architectural heritage assets, streetscapes and historic landscapes such as O'Connell Street and North Great George's Street. Furthermore, the Historic City of Dublin's candidacy as a World Heritage Site would, in my opinion, be negatively affected by a proposal which adversely impacts on key landmark's, streetscapes and vistas in that same core. The proposed development therefore would have an adverse impact on the built heritage of the historic core of Dublin City.

Finally in respect of traffic and parking, the reliance on a 13% private car modal split for staff, derived from the limited staff parking allocation proposed is, in my opinion, unrealistic and without adequate foundation particularly as the existing modal split for staff at the adjoining Mater Adult Hospital, with limited onsite parking, is 36%. This in my opinion undermines the likely vehicle generation by staff estimated in the TIA. Furthermore, it is my opinion that the staff parking allocation, at 13% of the peak staff population, comprises the residual spaces following the allocation of spaces to essential requirements for the operation of the core hospital elements. There are no options in respect of increasing space provision to either patients or staff if the concerns I have outlined are realised. Therefore, I do not consider that the applicants have demonstrated satisfactorily that the modal split for staff or the staff parking provision provided are reasonable or would be adequate to facilitate the effective operation of the proposed development.

In light of the above, I recommend that permission be **REFUSED** for the proposed development for the reasons and considerations as follows:

REASONS AND CONSIDERATIONS

Reason No. 1

The proposed development is located on a site specifically designated in the Phibsborough/Mountjoy Local Area Plan as a key development site and for which there are key site objectives. It is considered that the design, scale and height of the proposed development, is contrary to the objectives of the Phibsborough/Mountjoy Local Area Plan having regard in particular to the design, height and length of the ward block element, the extent of which is twice the length of the highest landmark element envisaged in the 'Indicative Urban Form/Building Heights' layout. Furthermore, the development as proposed fails to incorporate the design and layout elements included in the indicative site layout to absorb and mitigate the high landmark element envisaged for this site in the Phibsborough/Mountjoy Local Area Plan, thereby militating against the successful integration of a landmark high building on this key site. The development as proposed would therefore, adversely impact on the amenity of the local area, the skyline of the city and the setting of protected structures and the historic city centre. Furthermore, failure to provide any open space at ground level and the absence of a defined pedestrian route network through the site militate against the objective to create a clearly defined arrangement of open spaces which integrate into the emerging pedestrian route network for the area and provide north-south and east-west permeability through the site. The proposal would therefore fail to comply with the specific objectives for this site as set out in the Phibsborough/Mountjoy Local Area Plan. In addition, the development as proposed fails to incorporate the vision for the site in the design proposed which requires the development of a permeable campus environment which integrates with the wider urban structure and is 'centred' on reinstating and enhancing the existing courtyard structure and introducing permeability. The proposal would, therefore, militate against the successful achievement of the objectives for the site as outlined in the Phibsborough/Mountjoy Local Area Plan and would, therefore, be contrary to the proper planning and sustainable development of the area.

Reason No. 2

The proposed development by reason of its height, design, scale, bulk and mass, located on an elevated site within the Mater Campus, would comprise a dominant and visually incongruous structure which would have a profound negative effect on the appearance and visual amenity of the local and wider city area. The development as proposed would be inconsistent with and would adversely impact on the existing scale and established character of the local area and the existing scale and established character of Dublin City from key strategic citywide views. The proposal would contravene Policy SC18 of the Dublin City Development Plan 2011-2017 which seeks to protect and enhance the skyline of the inner city and which seeks to ensure that all proposals for mid-rise and taller buildings make a positive contribution to the urban character of the city. Policy

SC18 also requires that proposals demonstrate sensitivity to areas including the historic city centre, the river Liffey and quays, the historic squares and the city canals, and to established residential areas, open recreation areas and civic spaces of local and citywide importance. The proposed development contravenes this policy having regard to the adverse visual impact which would arise in respect of significant streetscapes and landmarks in the historic city centre and on open recreation areas and on civic spaces of local and citywide importance. In addition, the documentation submitted to the Board fails to adequately present an assessment of strategic citywide views as required by key site objective 6 for the Mater Site as set out in the Phibsborough/Mountjoy Local Area Plan. Furthermore, the proposal of itself and also when taken in conjunction with the Adult Hospital currently under construction would have an adversely overbearing visual impact on neighbouring residential properties in the vicinity of the site. The proposed development would therefore be contrary to the proper planning and sustainable development of the area.

Reason No. 3
Having regard to adverse impact on:

(a) the Mater Misericordiae Hospital and protected structures on Eccles Street, whereby the proposal would adversely alter the character of the street, the setting of the protected structures and seriously and detrimentally interrupt the views east and west along this street.
(b) The setting of the internationally significant St George's Church on Hardwicke Place, and the significant conflict arising with the existing dominance of the set-piece of St George's Church within the surrounding streetscapes where the proposal would dominate the skyline.
(c) on O'Connell Street, an architectural conservation area, where it would create a significant visual interruption within the skyline of O'Connell Street at the north end with the new form dominating the view, appearing high above the broadly coherent roofline of the principal and iconic boulevard of the Capital City. Furthermore, having regard to the significant impact on the setting of the General Post Office, a protected structure whose pedimented breakfront and portico would no longer be the dominant punctuation along the parapet line of the west side of the street.
(d) Mountjoy Square within the North Georgian Core and the significant number of protected structures within this planned Georgian Square. It is considered that an adverse impact would arise from the presence of the proposal within the view of the Square and would constitute a significant interruption on the skyline of the Square.
(e) The important set piece of Belvedere House on Great Denmark Street which is currently framed by the formal brick terraces on North Great George's Street and which enjoys a currently uninterrupted skyline.
(f) The setting of the conservation areas in the vicinity of the site and protected structures located on same, such as Nelson Street, Berkeley Street and Blessington

Street in addition to the adverse impact on the setting of St Joseph's Church on Berkeley Road and the conservation areas located at Blessington Basin, Goldsmith Street, St. Vincent Street, Sarsfield Street, O'Connell Ave, Geraldine Street, on the proposed Architectural Conservation Area at Blessington Basin and environs including Fontenoy Street, and on the proposed Architectural Conservation Area at Great Western Square and Environs.

(g) The setting of Leo Street and adjoining streets including the protected structures on Synnott Place and the North Circular Road and environs in the vicinity of Leo Street.

(h) The view along Mountjoy Street and from the Black Church where the proposal can be seen as a termination of a different scale to the existing two, three and four storey urban fabric.

It is considered that the development as proposed would impact adversely on the setting and character of protected structures, including structures of international importance, streetscapes and areas of conservation value outlined above both individually and in terms of their collective architectural significance and historical architectural character and scale. The development as proposed would negatively and adversely impact on the character and heritage of the historic core of the north inner city, the North Georgian core and the historic core of Dublin City. It is therefore considered that the proposed development would, in particular, contravene policies FC26 & FC27 as set out in the Dublin City Plan 2011-2017 in respect of the built heritage which seek respectively to protect and conserve the city's cultural and built heritage; sustaining its unique significance, fabric and character and which seeks the preservation of the built heritage of the city which makes a positive contribution to the character, appearance and quality of local streetscapes. In addition the proposal would contravene policy FC41 which seeks to protect and conserve the special interest and character of Architectural Conservation Areas and conservation areas in the development management process. Furthermore, the proposal fails to comply with the requirements as set out in the Phibsborough/Mountjoy Local Area Plan which require that development on the subject site take due regard of the established historic character of the adjoining buildings. In addition, the development as proposed would fail to have regard to the Guidance set out in the Architectural Heritage Protection Guidelines for Planning Authorities which state that proposals should not have an adverse effect on the special interest of the protected structure or the character of an Architectural Conservation Area. The proposed development would, therefore, be contrary to the proper planning and sustainable development of the area.

Reason No. 4

The Board is not satisfied that the proposed 13% private car modal split for staff, derived from the staff parking allocation proposed, would be reasonable, operable or appropriate having regard in particular to the existing modal split for private car use by staff at the adjoining Mater Misericordiae University Hospital, which is approximately

36% and where staff parking on site is limited to 106 spaces. It is considered that the reliance on the 13% private car modal split for staff underestimates the potential impact of traffic generated by staff on the local road network. In addition, the Board is not satisfied that the staff parking provision at 236 spaces which provides for 13% of peak staff population would provide an appropriate level of parking to facilitate essential staff onsite at this 24/7 facility. Furthermore, the Board is not satisfied that the limited parking provision proposed, would not negatively impact on the availability of public spaces for patients/visitors within the proposed car park, notwithstanding the charges proposed, or would not impact adversely on the adjoining residential areas. The proposed development would, therefore, be contrary to the proper planning and sustainable development of the area.

Una Crosse
Senior Planning Inspector
Date: January 2012