



SUBMISSION TO AN BORD PLEANÁLA

in relation to SID application

by

National Paediatric Hospital Development Board

REF: PL29N.PA0024,

Construction of a 392-bed in-patient plus 53 day care bed National Paediatric Hospital

Submitted by

Markievicz/Ryan/O'Farrell Cumann of Sinn Féin, Jamblacht

Seán Crowe TD

Councillor Cathal King

Councillor Máire Devine

Mark Ó Dálaigh MCI OB

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Executive Summary

The submission by the Markievicz/Ryan/O'Farrell Cumann of Sinn Féin Tamhlact below has looked at the proposal to site the Children's Hospital Of Ireland (CHol) at the Mater Hospital Site. We have examined the application in detail despite the timing of the report submitted during what is the traditional holiday season where it has been difficult to arrange for peer reviews of a submission this large which ostensibly deliver better examination. We have looked at the DCC development plan which while having a provision for the Hospital development within it, the provision relates to the economic advantages of such a proposal to the local area. The plan does not recognise that the nature of the development is of National importance as evidenced in the pursuance of permission through the Strategic Infrastructure Development (SID) process. We have found the application to be heavily reliant on the provision of future infrastructure which neither An Bord Pleanála or the applicant have any influence over. In this regard the application based on the arguments proposed by the applicants themselves is premature at best and disregarding the obvious deficiencies to pursue a venture which is unsuitable for the site location proposed at worst. The reliance on Metro North, Metro West, Dart Underground and a Mobility Management Plan which is unrealistic and unenforceable are in our view evidence that this application is not worthy of the ABP consent.

This is such a development that one does not like to be seen to object to as we all agree on the necessity for improved services especially at a time when those services are being savaged to pay for debt brought about by the golden circle of bankers and developers who will never have to suffer the 2 hour journeys and more to access health care for their children. We however simply want the best for the national interest and in doing this make no apology for stating we feel that this might be better served by a different location for this hospital. We are pointing out that in the case of the Mater site the emperor has no clothes and we as a society cannot afford to pursue the vanities of those who in very different economic conditions chose a site where they felt could be retro fitted with services to make it work e.g. metro station which has as we submit no Metro has been funded or approved by government.

This application as currently proposed will result in there being no overnight beds for sick children on the Southside of Dublin.

We therefore urge An Bord Pleanála to reject this application and failing this condition that the proposal be subject to the retention of services at other children's Hospitals for full A&E and provision of the operating infrastructure identified in the applicants' submission namely Metro North and West.

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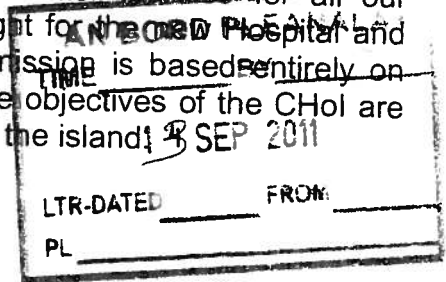
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Introduction

The Markievicz/Ryan/O'Farrell Cumann of Sinn Féin Tamhlact is a community based organisation of community and political activists which include elected representative to Dáil Éireann and the local authority South Dublin County Council (SDCC). As such our representations to An Bord Pleanála on the subject of the CHol are both informed by our local community of Tallaght and the wider national perspective. It would be simplistic to regard our representations as locally focussed as we have read in detail the proposals presented by the consultants and done so with an open mind. We have outlined our comments below in the context of the application itself and what we consider to be proper planning of a national facility where attendance is not a matter of choice but necessity of attaining adequate and immediate health care for sick children.

Our involvement with community based organisations in the voluntary sector, local business and particularly parents of patients current and potential our involvement in this subject is not a cause celeb but a function of our role within the community both at national and local level. Sinn Féin Tamhlacht has from the commencement of the process to select a site contributed to the debate in a positive and open manner. This has included carrying out surveys on travelling times not based on arbitrary bus time tables but by actually timing journey times by all manner of transport means available and can confirm that the journey times by LUAS, car and Dublin Bus challenge the desk top study submitted by O'Connor Sutton Cronin (OCSC). Further to this we have submitted motions to SDCC outlining our support for the site location at Tallaght and our members play an active role within the non- party political Tallaght Hospital Action Group (THAG).

Our submission is supportive of the development of better facilities for all our children and while we have promoted the site at Tallaght for the new hospital and believe this still to be the most suitable site, our submission is based entirely on ensuring that the wider national public is served and the objectives of the CHol are met, delivering accessible health care for children across the island.



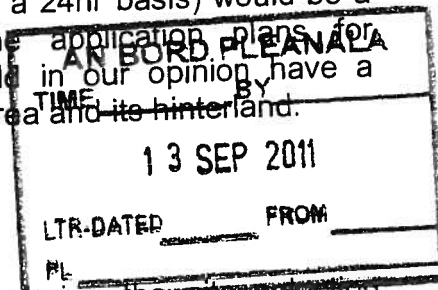
Background

The decision by the Government following the latest review of the provision of a new National Children's Hospital to propose the Mater site as the location has led to the application currently being examined by An Bord Pleanála (ABP). The route to planning chosen by the NPHDB is SID which is justified by the applicants in their report as being previously discussed and agreed with ABP under terms provided for in the 2000 Act. The length of time from the selection of the Mater site and this further review has seen great change in the economic position of this country. The budgetary decisions which the application is subject to are not the sole preserve of the Irish Government and must fall within parameters laid down by the Troika (EU, IMF and ECB) which will determine government spending.

The reason for this latest review was directly linked to the continuing concerns raised since the initial site selection about the suitability of the site and the potential for other sites to be developed delivering better value to the taxpayer. However there

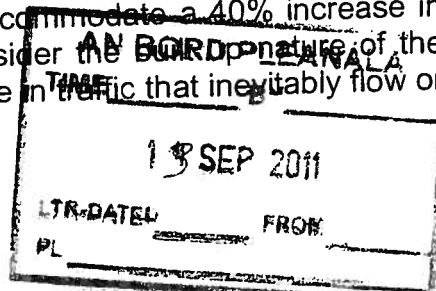
have always been concerns by those disagreeing with the selection that the terms of reference under which this selection process took place were in fact fundamentally flawed. The decisions to proceed with the Mater site has been done so without relating the developing of a large Hospital in a city centre restricted site to the reality of the Irish environment and instead referred to large city hospitals in the US where human behaviours are much different.

A key aspect of the development of the Hospital is that it is being developed as a tertiary care for the entire country while also providing secondary care for the Greater Dublin Area. This will see the elimination of 24hr ER facilities at NCH Tallaght and OLHSCC. The loss of this facility to these communities which provide for populations greater than all other cities outside of Dublin itself is a concern of those not in agreement of the site selection. The possible limited provision and complete closure of Our Lady's Hospital for Sick Children at Crumlin will leave the Southside of Dublin and its hinterland of Wicklow and Kildare with no fully functional children's A & E department and no overnight beds for sick children. The provision of Ambulatory and urgent care centre (it will not be open on a 24hr basis) would be a poor substitute for the loss of these services. The application plans for a reconfiguration of paediatric hospital services and would in our opinion have a detrimental impact on sick children in the Greater Dublin area and its hinterland.



Site Suitability and Location

Given the number of reports and reviews carried out during the site selection process, Mc Kinsey report (2006), Joint Task Force to advise on the location of the new Paediatric hospital (2006), NPH Independent review (2011) we believe it to be surprising that the site an already congested area of Dublin city is selected to be the site of a children's hospital where speedy access to care is critical to the health of children. The submission by the NPHDB continuously refers to the report by OCSC as justification for the site selection not concerning itself with access. Unfortunately for many parents who have had the experience of rushing to an A & E department at any time they do not have the time or luxury to consider the number of car movements. The recently published clinical review document notes that the site in Tallaght is in a built up area and that it could not accommodate a 40% increase in traffic, this assertion is quite strange when you consider the built up nature of the City Centre site at the Mater Hospital and the increase in traffic that inevitably flow or not flow from this particular location.



Emergency Access by Air

Aerial access by Helicopter Ambulance is an essential component of a modern hospital development. It is essential for transporting emergency critical cases e.g. transplant etc. for immediate use. In these instances there are very small windows of opportunity for the surgeons to use organs or transport patients. With this in mind we are concerned that this has not been effectively considered by the applicants. The strategy is not clear and the different building heights shown in the roof drawings would concern us that the use of the Mater adult hospital would not support a helipad which can be used effectively by the CHol. If it is such that the proposal would be to

use an offsite facility to access the hospital by air we would suggest that this is a reason for the Bord to reject or condition this application as the site is not suitable for a modern hospital to fully function. The use of offsite helipad would simply require emergency procedures to be subject to the congested conditions of the surrounding area which we have gone into more detail below.

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Access

There are two key documents which the applicants have produced which they claim supports their position that the site location and the impact on traffic in the area will not be a problem.

- EIS Section 2 Traffic and Transportation Impact Assessment
- EIS Section 3 Mobility Management Plan

The traffic study makes reference to vehicle counts at various locations around the potential site for the hospital and the relevant junctions. While acknowledging the traffic count process is a legitimate way of calculation of vehicle movement it completely ignores the fact that this is a national hospital and is also to cater for the greater Dublin area. The issue with access to this hospital does not arise at the nine locations circling the hospital but at the hundreds of traffic points and potential hold ups for emergency transport to hospitals throughout the city. The proposals for Ambulatory care centre in Tallaght will not address this issue as it will not provide 24 hr care and will in more serious cases require further transport across the city which despite traffic counts around the hospital site is still a congested city.

The EIS further refers the public transport around the site being adequate. The difficulty we have with this statement is on a number of points,

- The provision of Bus services relate only to a small catchment area of the city predominately north of the city.
- There is no capacity under current legislation for the local authority DCC or the HSE to compel Dublin Bus to provide for or maintain exiting levels of service.
- It is impractical to think that people with or visiting sick children will use a bus service from the peripheries of this city which would require them to change bus routes or walk from a city centre location. The journey times for bus routes from West Tallaght to the city centre are in excess of 1 hour currently off peak (Dublin Bus Time table) a further bus connection and or walk to the Hospital will add significant time onto these journey times.
- There is a continuous referral to future METRO NORTH infrastructure being provided that has not yet been approved by government. This approval is not due for consideration by Government until after the submission date and therefore we believe the closing date for this submission has been set too early.
- The provision of Metro Nth too only extends to a limited part of the city and will service the Hospital areas already identified in the OCSC report as well served.
- The traffic management plan looks at the generation of traffic movements by the hospital in table 13.13 and 13.14. (OCSC 2011) These tables represent

the current and likely scenarios. The report confirms that there are significant difficulties with parking at present with traffic backing onto Eccles Street.

The calculated traffic movements in and out of the hospital clearly demonstrate that this is going to be an area where the pressure on the surrounding road infrastructure is high and continuous. Where we fundamentally disagree with the analysis is the referral by the report writers in 13.5.1 paragraph 3 "It is reasonable to assume that the total number of people travelling to and from a hospital of a certain type...will generally be the same regardless of where it is located" This type of assumption does not stand up to scrutiny and therefore the "Trics" model data cannot be viewed as reliable.

- The Data shows movements of 10,000 per day and refers to the Model data being based on similar developments in Liverpool. The consultants here too make general and unsupported claims that the Dublin sited hospital "where car based travel is observed to be significantly lower" (EIS sec 2 13.5.1 p14). This comment is used completely out of context and is contradictory to evidence provided by the same consultants in the document submitted elsewhere. In EIS section 3 Mobility Management Plan confirms that the total car use for Hospitals which will make up the CHol are 64% for OLHSCC, 40% Mater and 46% for CUH.

The reality of the traffic counting and the Impact assessment arising from it is that it is an attempt to highlight statistical analysis over common sense. The counting of car movements at junctions cannot overcome the simple reality that you cannot move 10,000 people into and out of a building in an already densely congested part of the inner city without causing critical delays to emergency vehicles and the transport of patients by car. The report acknowledges that the main people movements will comprise of the 2500 workers within the hospital who will be there every day. EIS section 3, the proposed a further document as to how this will be managed. Mobility Management Plan.

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Mobility Management Plan

This plan has been offered as the scenario that will accommodate the access requirements for all staff attending the new CHol. In reality it is a poor attempt by the applicants to justify in the face of the stark evidence, provided by themselves in their submission that the site at the Mater is too small to accommodate a hospital development of this magnitude on such a small foot print within a congested city centre site. The attempt to use the modern buzz terms of sustainability to justify a complete inadequate parking arrangement for staff, a restricted access point to the development and the fact that the parking and mobility strategy amounts to a combination of first up best dressed and "tough luck" if you live outside the inner city. The mobility management plan is a modern attempt to demonstrate a recreation of the "Loaves and Fishes" miracle on a daily basis in Dublin City, offering one car park space for every ten seeking one. The simple fact remains that a car park policy that amounts to not providing any car parking and putting it under the guise of quasi environmental best practise is no more than a ruse that would see any member of the private sector dismissed from the SID process at Scoping stage.

The staff will certainly suffer the main consequences of this at first particularly the nurses and doctors who work in outpatients services. This is further compounded when you look at the typical profile of those working within these services in OLHSCC and Tallaght who are largely nurses who have left the wards after many years to raise families or work a normal pattern prior to retirement. The policy proposed by the applicants is one that would condemn these people to a life of leaving families in the early hours in order to catch two or even three busses to get to work and a journey time of 3 to 4 hours per day for those fortunate enough to live within the Dublin area.

However the most cynical point of this plan is the reference to the fixing of high parking charges within and without the Hospital. The OCSC plan for high cost parking is vaunted by themselves as a masterstroke in preventing staff using more than 10% of the parking whether they need it or not. This should be considered exactly what it is an admission that the location of the site prevents suitable parking.

Our organisation is however more concerned with the lack of consideration for patients of a tertiary facility for children which requires long stays in hospital. There is no exemption for these parents. Had one of the other but of town sites been considered there was ample available land bank to provide adequate parking for parents of patients requiring long stay care at no cost.

The Mobility Management Plan is a key cornerstone for the proposed development. The Mater site however is too congested and real estate is at such a premium that parents will not just have to suffer physically and emotionally but also financially as a direct result of the locating of this hospital in an unsuitable site.

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The MMP is as referred to a means of managing access to the Mater site negating the need for adequate parking provision thus a cornerstone for the justification of the locating of the hospital at the Mater site. We fundamentally disagree with its analysis for the following reasons.

- The MMP refers to existing MMP for the Mater site and the CUH at Temple Street as being evidence that a MMP could work at this site. However given the large step changes already achieved by these institutions 16% and 15% (p16 MMP) respectively it is unlikely that further significant reductions will take place.
- The list of bus services referred to in section 2 of the MMP as being within a 5 minute walk of the Hospital clearly demonstrates that there is no adequate access to the site from the South West of the city and beyond where much of the staff and patients will have to travel from. Furthermore an examination of the Dublin Bus timetable will show that those routes linking the south side of the city are not primary services and the regularity of these routes i.e. 19a, 19 no longer exist and other routes would fall short in providing efficient means of access given the journey time. The most direct route to the Hospital site from Tallaght for example is the 49a (www.dublinbus.ie) which would require a bus journey of 65mins and a further 1km walk to access the site. Given the first bus is at 06.40 from the Square it would be impossible for any member of staff to use public transport to get to work on time. This does not take into account the time taken to get to the Square which would have to be by walking given

there is no feeder services available at that time. This is a pattern which would be recreated throughout the city.

- The MMP highlights the rail options provided for around the site. The reality however is that the service provided for by rail is extremely limited and the services are not integrated. The journey times therefore for patients and staff will be far greater than those achievable by car which as the applicants have stated is the most likely means of access given the facility is for children.
- The MMP refers to the Metro North and the DART Underground project as being of significant importance. Prior to the submission of this MMP proposal and TIA the Government had already stated that no decision had been made on either project only that it would certainly be the case that both would not proceed given the high costs to the exchequer. It is therefore an example despite meeting with DCC traffic section the evening prior to this report being submitted to An Bord Pleannala "12.7.2011 DCC offices" (EIS section 2 Traffic and Transportation Impact Assessment sec 13.2) OCSC would lead us to believe that the stated reality of the minister (Dáil record 20/4/2011) was false.
- The MMP refers to future infrastructure of Metro West which too is not likely to proceed given the current financial constraints and the future demand for such a service is questionable.
- The entire rail section of this MMP proposal is at best a statement on the current inadequacies of the rail infrastructure and completely reliant on the development of infrastructure in the future which has already been dismissed by government as unlikely to proceed.
- The MMP comprises a list of actions required for this to be put in place including measures that require expenditure by the hospital to manage including Bicycle mileage allowances, shuttle busses, travel subsidies, interest free loans, company bicycles and provision of Taxis. This is not enforceable by the Bord and should be considered during the assessment of the application. Furthermore much of what has been stated would have taxation implications for staff too. However again fundamentally the only inflated car support patient and family access to the site as there remain only inflated car park charges and poor public transport to support families who given the nature of the development are already in difficulties.

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It is important therefore that An Bord Pleanála would examine the qualifications within the applicants submittal which justify particularly the location by referring to infrastructure not yet committed to by government, and the fact that key decisions on METRO North for example will not be announced by the Minister for Transport until after the submission deadline for this development has passed (Minister Varadkar Dáil 20/4/2011).

The EIS

Our concerns around the development location with regards to parking provision and access have been referred to above however it is of deep concern to us that the EIS itself has been written with a slant which we deem to be unworthy of the authors as it amounts to PR "Spin" at times in favour of the site against all common sense. This is

not the stated purpose of an EIS especially one where a development of National importance and one dealing with the lives of our children is concerned. While the Non technical summary is representative of the EIS as a whole it too uses this compressed form to express an opinion rather than the statement of clear facts. To this end we feel the Bord should consider whether the EIS has been produced in a fashion that serves the public best.

The summary of the EIS makes reference to the provision of Metro North and the metro underground station. This is not a viable piece of infrastructure and given the reference to this throughout the different elements of the EIS should be considered along with the other infrastructure required in advance of the development opening. Given the lack of clarity on this issue currently and the aggressive build programme highlighted in the planning report included in this application it would be folly to allow a development such as this proceed until this infrastructure was operational.

Most worrying is the opinion generated by the authors of the alternative sites considered. It is a matter of great public debate whether there has indeed been "authoritative, systematic and comprehensive consideration of alternatives" (EIS NTS p5). We find it insulting and inaccurate that all the options of alternative sites have been examined at all. The terms of reference for each of the subsequent task forces following the McKenzie report completely ignore the restrictions of the site located at the matter both for access by patients and staff and for future development of the site.

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The report highlights the local area plan for the area approved by DCC but ignores the fact that the SDCC too made provision for and supported within its strategic planning a hospital site which would have been more suitable than the Mater site. The "opinion" by the authors that this local focus on the site by DCC amounts to proper planning ignores the fact that each local authority and the Development Plans allow for interpretations of the plans to be adjusted where there is obvious benefits to that area. This is local planning however and while possibly in the interest of the local community in Phibsborough is certainly not in the interest of sick children nationally. A huge opportunity is being missed to provide a national hospital with ease of access for most of the country rather than the sole preserve of the Dublin Inner City.

One of the most disturbing aspects of the EIS is the acceptance of the report that the discharge of the foul sewage from the development into a combined sewer on the North Circular road. This is a practice that is inconsistent with proper management of the drainage from the site and further evidence that the infrastructure around the Mater site is not capable of supporting a development of this size and nature. Compare this to the other sites considered at Tallaght and Newlands existing drainage infrastructure would support this development and not require bad practice which could given the size of the roof and surface area could give rise to the flooding of this system and public health issues for the local community.

When referring to the Roads Traffic and transportation the EIS demonstrates the authors' lack of understanding of how a hospital actually works and manages outpatient services. Page 16 of the NTS refers to "there will be strict timetabling of out-patient and day care appointments to optimise smooth arrival and departure

patterns” How out patients services are actually managed require a large number of patients on the lists to arrive well in advance of their appointments and it is not unusual for 2 hour wait for any of the consultant services within our current children's hospital system. The language adopted in the report uses terminology usually reserved for supply logistics in industry where just in time deliveries are managed within city centre sites, the difference here is that goods and services can sit outside the hospital with little effect on their emotions, this is not the case for parents of 8yr olds who don't understand why they have to wait in a traffic queue. This further does not recognise that all consultant services offered in a Tertiary facility ENT etc are subject to the emergency care required elsewhere in the hospital and sick children rarely look for appointments prior to getting sick. A “strict timetabling of out-patient services” is a spin word and typical of the disregard this application has for the common sense of the Irish people who will be affected by the locating of this important facility in an unsuitable site.

The report offers further opinion on p17 where it states that the Hospital “site provides excellent access for emergency services”. This is mere conjecture and only offers as supporting evidence the previous existence of the Mater hospital and the CUH. The reality is that the service could be much better and cannot possibly do anything but deteriorate given the additional services required at the new CHol. It also offers no evidence of comparisons to the other hospitals considered within the prior selection process. Given the location of these hospitals within their communities currently it is unhelpful in our view that this “opinion” is offered by the Bord. The Bord refers to a geographically small area around the Mater and CUH where we need the Bord to consider the access ambulatory and other from the National perspective.

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Conclusion

The Markievicz/Ryan/O'Farrell Sinn Féin Cumann does not disagree with the need for a tertiary hospital to provide for the care of our sick children. We are urging the members of An Bord Pleanála to look at the reality of the decision to situate this facility within a congested city centre location having dismissed the alternative sites. Much has been made of the co location argument with an adult hospital as enough reason to ignore the practical difficulties previously highlighted that you simply cannot access this site in any reasonable time frame to work in or take up the services that will be provided for. Sinn Féin Tamhlacht has demonstrated this difficulty in carrying out a real time exercise previously using bus, rail and private car to access the existing site where the time taken to complete these journeys was witnessed, verified and documented in the “Echo” newspaper, These times ranged from in excess of one hour by car off peak to 2hrs by Luas and Bus from the Tallaght area. Other areas further than Tallaght and throughout the city will have their own difficulties. For the reasons outlined above we urge the Bord to look at the practical and real planning implications the site poses for the provision of a facility of this nature with its unique requirements that do not fit into the usual pigeon holes for developments where we as elected representatives and citizens often with the best of intentions try to impose restrictions on movement. These however are generally for developments that people may choose to use the proposed development or use alternatives. In this case there will be no alternatives for parents using the Tertiary facility and none for those parents living in the greater Dublin area who will lose their

access to emergency care for children. The Bord should recognise that this is not in the National interest and condition this development to maintain the 24 hr emergency facility at the hospital in Tallaght for children if it decides to allow the development proceed. This I can understand will look as it is locally based selfishness however we make this argument on the basis that Tallaght Children's Hospital is one of the newest developed facilities in the state that can now cater for the latest in the provision of healthcare for children. This is a facility that due to a number of factors out with the control of the hospital itself has seen this facility underfunded and never allowed develop to its full potential. We are about to use a sledge hammer to open an egg by removing facilities from a new hospital to one on a smaller more congested site at great cost when it could be done quicker easier and more cost effective on a campus that has the adult facility sought by McKenzie report and the infrastructure to support access for the entire country.

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