

**AN BORD PLEANALA STRATEGIC INFRASTRUCTURE  
DEVELOPMENT**

**THE CHILDREN'S HOSPITAL OF IRELAND**

ABP Reg. No. PL29N.PA 0024

**ORAL STATEMENT ON BEHALF OF BLEND**

Valerin O'Shea

## INTRODUCTION

My name is Valerin O'Shea. I will not be taking up a great deal of time in setting out my architectural, planning or legal qualifications because I have none. I have a degree in Spanish and Italian and I am a full-time Spanish teacher at Secondary school level where I am Head of the Spanish Department. I have been involved for a number of years in planning in a voluntary capacity and I represent the voluntary sector on behalf of An Taisce and the Environmental Pillar on the Strategic Policy Committee for Economic Development, Planning and International Affairs at Dublin City Council.

I have been working with a number of residents groups throughout the city for the last few years on planning issues that are of concern to them, and when I was approached by BLEND to assist in this instance I was very pleased to be able to offer my help. It is the single worst proposal for development that I have come across and it had been my intention to make representations to An Bord Pleanála in a personal capacity in any event as I had done in the case of the development of the Carlton site on O'Connell St.

The reason the residents approached me is because they were not in a position to engage a Town Planner due to lack of resources. This is a point that is of great significance for local communities who cannot possibly match the resources required for legal and planning expertise, of the large developers or, as in this instance, a public body. The consequence of this is that the process is completely unbalanced in favour of the applicant leaving the residents in a profoundly unequal position and at enormous disadvantage in trying to cogently and thoroughly put forth their views on the proposal.

This disadvantage is compounded by the fact that we are in essence, confronting not one, but two powerful opponents with seemingly endless resources – in this instance two public bodies: the HSE and DCC.

### Observance of Statutory Documents

As a preamble I would just like to comment on the nature and standing of the Development Plan. The Dublin City Development Plan is a statutory contract between Dublin City Council ('DCC') and the people of the city. The citizens of Dublin are entitled to believe and trust that the guardians of those contracts, DCC, will uphold them. In fact DCC must abide by the provisions of the Dublin City Development Plan and indeed other statutory planning documents adopted by the City Council, such as the Phibsborough / Mountjoy LAP ('LAP'). The role of DCC is multi-faceted and involves ensuring, not only that the city is properly planned but also, that it is protected.

In this context, although this application has been deemed to be a Strategic Infrastructure Development under Section 37E of the Planning and Development Acts 2000 to 2010 and consequently not one on which DCC will be called to decide, it is worth considering in detail the role played by DCC throughout the process to date.

In the course of this statement I will be referencing the submissions made by other parties as well as the myriad provisions of the Dublin City Development Plan 2011-2017 ('Dublin city Plan'), the LAP, and the Department of the Environment, Heritage and Local Government Architectural Heritage Protection Guidelines ('Architectural Guidelines') that are so flagrantly breached by the proposed development. Our interpretation of the statutory

documents is that of the ordinary citizen, which is as it should be, since the Dublin City Plan, being a contract with the people of the city is intended to be read and understood by the people.

This is, in fact, in accordance with a legal requirement. The Courts have ruled in support of the ordinary person's interpretation of Development Plans. In May 2008 the *Cicol Ltd v. An Bord Pleanala* judgement referred to an earlier judgement (McCarthy J. in *In re X.J.S. Investments Ltd* [1986]) in which it was indicated that Development Plans should be properly construed in their ordinary meaning as would be understood by members of the public. It states:

*“... a court, in interpreting a development plan, should ask itself what would a reasonably intelligent person, having no particular expertise in law or town planning, make of the relevant provision?”*

It is clear then that the statutory planning documents such as the Dublin City Plan, the LAP or the Architectural Guidelines should, in practice, be straightforward, easily-interpreted documents and not contain any obscure provisions which may not be evident to the ordinary reader. It follows then, that if such a provision were to exist in the Plans, it should not be relied upon in forming decisions.

### Background

A detailed written submission was lodged by BLEND which cogently identified the lack of a proper planning framework for the granting of permission for the construction of the proposed large-scale development on the subject site. It has shown in detail how the proposed development flagrantly breaches conservation policies and objectives in the Dublin City Plan and the LAP as well as in the Department of the Environment, Heritage and Local Government Architectural Heritage Protection Guidelines 2004 ('Architectural Heritage Guidelines'). We have also shown how the proposed development conflicts with other significant policies, objectives and standards in the Dublin City Plan. In fact, a detailed study of the Dublin City Plan and the LAP revealed that there is no planning framework for the proposed development. We will address this in more detail in this statement.

It is acknowledged that the National Development Plan identifies the Mater Hospital site as the location of the National Children's Hospital, we suggest, with respect, that what must be considered by An Bord Pleanala is whether this government policy is reasonable in planning terms. This statement will attempt to set out the manner in which the Government decision was made and show it to be flawed.

The reality is that if this scheme is permitted to go ahead, it will mean in effect that one government policy i.e. the policy relating to the location of the National Children's Hospital, would trump all other Government Policy relating to proper planning. The policy to locate the new Children's Hospital on this site must not be viewed in isolation and certainly cannot be permitted to totally disregard and run rough-shod over other Government Policies as they relate to proper and sustainable development.

We respectfully suggest that it is Government policy which relates to proper and sustainable planning that must take precedence in this instance and not a policy that we will show was adopted prematurely and without adequate consideration.

It appears clear that the identification of the Mater site as the optimum location for the new Children's Hospital was based on criteria other than planning criteria and that the assessment currently being undertaken by An Bord Pleanala is the first time that the suitability of the site in planning terms is actually being properly assessed.

In this context we note the query made by An Bord Pleanala during the pre-application consultation regarding whether the justification of the proposed location of the hospital in the EIS would be in '*planning terms or if it would be predicated on Government policy alone*'. With respect, we suggest that there would be no need for an appeals board to assess strategic development if we were to take Government Policy as over-riding all other considerations. The role of An Bord Pleanala is to act as a safe-guard to ensure proper planning in such instances and we request the Board to examine this scheme in terms of its suitability in planning terms.

Our statement is a long one and for ease of comprehension it is divided as follows:

- 1) We will set out our examination of the circumstances that lead to the Government decision to include the location of the National Children's Hospital on the Mater site in the National Development Plan ('NDP').
- 2) We will address in detail the argument put forth by the applicant in support of the proposed development
- 3) We will address the position adopted by Dublin City Council in support of the proposed development
- 4) We will address other relevant planning matters
- 5) We will draw conclusions from our study of the above.

## **CIRCUMSTANCES LEADING TO GOVERNMENT POLICY**

The McKinsey Report "Children's Health first" was completed on Feb. 1<sup>st</sup> 2006. This report recommended the amalgamation of the three paediatric hospitals into one national paediatric hospital and identified 9 criteria as terms of reference for the evaluation of the proposed hospital. The very first criterion was:

*"1. Space. The ability to meet projected tertiary and secondary needs (including potential to accommodate research and education facilities)."*

Criterion No.2 stipulated that the hospital should be able to provide at least 25 sub-specialties and followed that with:

*"3. Co-location. The preferred option would be co-location. If so, it needs to be specific about level of integration and sharing of services. If not co-located it needs to be specific about how to address the challenges of isolation from adult services."*

Almost immediately a Joint Task Group was set up to advise on the optimum location for such a paediatric hospital. Obviously when considering the optimum site for development of any sort, the prime consideration must be the planning requirements. The Group comprised:

7 representatives of the HSE:

Ms. Laverne McGuinness, National Director of Shared Service, (Chairman from April 2006)  
Mr. John O' Brien, National Director (Temporary), National Hospitals Office (Chairman to April 2006)  
Mr. Tommie Martin, National Director, Office of the CEO  
Dr. Fenton Howell, Population Health Directorate  
Mr. Joe Molloy, Director of Technical Services and Capital Projects, HSE West  
Ms. Fionnuala Duffy, National Hospitals Office  
Ms. Ruth Langan, Office of the CEO  
4 representatives of the Dept of Health and Children:

Mr. Paul Barron, Assistant Secretary  
Dr. Philip Crowley, Deputy Chief Medical Officer  
Mr. Paul de Freine, Deputy Chief Architectural Advisor  
Mr. Denis O'Sullivan Principal Officer

1 representative from the Office of Public Works:

Mr. David Byers, Commissioner, OPW

While two members were qualified architects, in the event that any member of the Group had appropriate qualifications in terms of land-use and planning, and environmental sustainability, this hearing has not been made aware of them. This highlights the gravity of failing to undertake an SEA as referred to by others at this hearing.

## THE MATER RESPONSE

With remarkable speed, a 'briefing document' was issued by the Joint Task Group to six adult academic teaching hospitals in the Dublin area: AMNCH Tallaght, Beaumont Hospital, Connolly Hospital, Blanchardstown, Mater Misericordiae Hospital, St. James's Hospital and St. Vincent's University Hospital on Friday, February 17<sup>th</sup> 2006. The brief provided information on the estimated space required for the construction of a 380 bed National Paediatric Hospital and it was stipulated that provision should be made for 20% 'expansion' allowance. The space estimated to fulfil this requirement was stated to be 65,000sq.m + 13,000sq.m for the expansion – a total of 78,000sq.m It was further stated that the McKinsey Report also discussed a model that could result in the requirement of up to 585 beds and the Joint Task Group brief requested that:

*“The availability of land (stating area), for this significant capacity should also be identified and its impact on site capacity shown.”*

Additionally it added that space would be required, inter alia, for a helipad.

The brief required the hospitals to provide clinical and planning information to assist the Joint Task Group in its deliberations.

A pre-planning meeting was held between representatives of the Mater Hospital and officials of Dublin City Council ('DCC') ten days later on Monday, February 27<sup>th</sup> 2006. Minutes of the meeting state:

*“DB and SM outlined the likely scale and nature of the proposed new development on the basis of the briefing information issued by the HSE”*

And that:

*“that this will result in an expansion into the expansion area set out in the DCP and also an increase in height of proposed buildings, particularly on the NCR by 2/3 storeys.”*

It was noted that it was estimated that the proposed development would result in a plot ratio of 3:1 for the Mater site as a whole and the minutes record that:

*“On the basis of what was outlined the Planning Authority confirmed that they considered the site had the capacity to absorb the scale of the proposed development.”*

This reference should be borne in mind as it is evident that the Mater Hospital’s Response (‘Mater Response’) to the Joint Task Group submitted the following Friday, March 3<sup>rd</sup> 2006 is informed by discussions held with DCC. The speed within which this response document was prepared is of note – it took just two weeks to prepare what should have been an exceedingly thorough document in planning and clinical terms. What was submitted was far from thorough.

At pg.21 of the Mater Response it is stated:

*“The overall concept for the development of the Mater Hospital site has been reconsidered from first principles having taken into account the new brief requirement for the New Children’s Hospital set out in the letter from the HSE on 17<sup>th</sup> February; the existing requirements to develop adult hospital facilities on the site; and the future expansion requirements of both facilities”*

The scale of the capacity of the site is set out at pg.33:

*“The overall brief requirement amounts to 150,000sq.m of new healthcare facilities, 90,000sq.m for the New Children’s Hospital and a further 60,000sq.m for the adult hospital on site”*

We are taking the 90,000sq.m referred to as the capacity required for the 585 bed Children’s Hospital.

The capacity of the site for development is stated unequivocally at pg.41 of the Mater Response:

*“The sum of the total capacity for development on the site amounts to approximately 170,000sq.m against a maximum combined requirement of 150,000sq.m for the New Children’s Hospital and the expansion and development of the Adult Hospital ....The area available for development does not include the further capacity for expansion and development of health services in the existing Temple street site, the Rotunda Hospital and in other neighbouring sites such as Mountjoy, Grangegorman and Clonliffe.”*

The proposed new site layout of the envisaged development is at pg.40 of the Mater Response. We draw the attention of An Bord Pleanála to the location of the 7 suggested blocks at pg.40. The suggested 172,435sq.m virtually surrounds the existing Phase 1A Building and extends even to an area behind the original Mater Hospital building, the area referred to as “*expansion area*” in the minutes of February 27<sup>th</sup> of the meeting with DCC. In this context it is worth noting the last sentence in the quote from pg.41 above which clarifies that the area available for development does not include the further capacity for expansion and development of health services in the existing Temple street site, the Rotunda Hospital and in other neighbouring sites such as Mountjoy, Grangegorman and Clonliffe.”

Therefore, it has been made clear that approx. 170,000sq.m would be the maximum development possible on the site.

In fact, it is submitted that this quantum of development on the site would be grossly excessive based on development control standards then or now. It is worth examining how it was possible that this scale of development could have been thought to be appropriate for the site and to take a look at the planning context at the time that this advice was given by DCC. The development plan of reference at the time of these discussions was the Dublin City Development Plan 2005-2011 ('05 City Plan'). The relevant policies and standards in the '05 City Plan that applied to the site in relation to the volume of development do not indicate a development of this intensity. In fact no specific Plot Ratio or Site Coverage standards are indicated for sites designated Z15, but the ratio of 3:1 referred to, would be considered extremely high for a site of this sensitivity in this location. To put it in context, the plot ratio for the Z4 centre of Phibsborough, at the time designated a Prime Urban Centre, was 2:1. The 3:1 ratio is identified for only two of the 16 zoning designations in the '05 City Plan: Z14 which were the Framework Development Areas intended for intense development, and Z5 which is the city centre designation. The Mater site is of course located in the inner city but NOT in the city centre. A site zoned Z15 could not be thought to warrant similar intensity of development. What makes the suggestion of a 3:1 ratio on the subject site more inappropriate however is the sensitivity of the site in conservation terms. While the '05 City Plan at Par.15.3.0 sought increased densities for the city, this focussed largely on residential densities and took the sensitivity of a particular site into account. It states:

*“In cases such as schemes adjoining protected structures or in conservation areas, lower densities may be appropriate in order to preserve special characteristics of the area.”*

BLEND has referred in the written submission to the sensitivity of the site in terms of its location adjoining Z8 and Z2 zoning designations as well as the wealth of architectural heritage in the immediate vicinity of the site. Reference has also been made to the provisions contained in the Architectural Heritage Protection Guidelines for Planning Authorities which were published in 2004, but there were also countless provisions in the '05 City Plan which aimed to protect areas, such as the Mater site, from unsuitable development. The importance of complimenting existing patterns of development was recognised at Par. 3.3.1 where it stated that it was an objective:

*“To compliment the established pattern of development in the immediate environs, with particular regard to the established grain, scale, massing, materials and colour of the built fabric.”*

Par.3.3.1 further stated that it was an objective:

*“To determine an appropriate height, scale and massing to define the street or space.”*

One of the most compelling provisions of the plan which protected against such intense development on the Mater site was Par.14.8.0 of the '05 City Plan relating to Transitional Zone Areas which stated:

*“...it is important to avoid abrupt transitions in scale and use zones. In dealing with development proposals in these contiguous transitional zonal areas, it is necessary to avoid developments which would be detrimental to the amenities of the more environmentally sensitive zone. For instance, in zones abutting residential development within predominantly mixed use zones particular attention must be paid to the use, scale, density and design of development...”*

In relation to the impact of development on Protected Structures Par.15.10.2 dealt with matters to be considered by the Planning Authority when development was proposed within the curtilage and setting of Protected Structures, a consideration which would, of course, apply in this instance. Among the matters identified are the need to protect the special character of protected structures, the need to have regard to how elements of the structure would be impacted on by the proposed development, the proximity of the proposed development to the main protected structure and any other buildings of heritage value, and that the design of the proposed development should relate to and complement the special character of the protected structure.

It is evident that there were many provisions of the '05 City Plan that sought to protect a site such as the Mater site from development of the intensity outlined at the pre-planning meeting of February 27<sup>th</sup> i.e. a plot ratio of 3:1. In our written submission we referred to examples of large development proposals which were granted permission by DCC and which ABP subsequently refused or significantly reduced on grounds of over-development. During this period there were many such very large scale proposals being approved by DCC. Examples are Ref.3233/06 for the Windmill site with a ratio of 3.52 granted permission by DCC and overturned by An Bord Pleanala, Ref.3613/06 for the Hickey's site at Parkgate St. was granted permission by DCC and overturned by An Bord Pleanala. It had a ratio of 2.7:1. Ref.6361/06 related to a very intense development at Bridgefoot St. (ratio of 4.18:1) which was granted permission by DCC and then very significantly reduced by An Bord Pleanala. All of these sites were zoned Z5 in the '05 City Plan with an indicated plot ratio of 3:1.

In this context we think it also worth referring to two other proposed developments of this period. Ref.3130/06 Players Square Ltd., Player Wills Site, SCR and Ref.4423/06 Players Square Ltd., Bailey Gibson Site, SCR each proposed a plot ratio of 2.35:1. These examples are only two of many that An Bord Pleanala considered to be over-development under the terms of the '05 City Plan and consequently reduced their scale.

We draw the attention of ABP to the fact that both of these sites were zoned Z6. To illustrate the suitability of the intensity of development considered suitable on Z15 sites compared to Z6 sites we need only look at the current Dublin City Plan which indicates a plot ratio of 2.0-3.0:1 for Z6 sites and between 0.5-2.0:1 for Z15 sites, so 2:1 is the minimum considered suitable for Z6 and it is the maximum considered suitable for Z15.



It is consequently not at all clear how DCC could possibly have considered that a plot ratio of 3:1 would be acceptable on the Mater site and advised MMCUH to that effect.

However, the reality is even worse. We are told the area of the site is 6.2ha. At a plot ratio of 3:1 the entire site could accommodate 186,000sq.m development. That amount of development could be accommodated at the 3:1 ratio if the site were clear of any other development i.e. a green field or a brown field site. This site makeup however, is not so straightforward. Not only is there existing development on the site but it is also the location of 5 Protected Structures, one of which was a Landmark building (the original Mater Hospital) whose location along with the convent building to the east of the site effectively rules out approx.25% of the site for development. Therefore, the area available to accommodate the 170,000sq.m would be approx. 4.5ha. This would result in a plot ratio of 3.8:1 if it were a clear site. However, this area already accommodates the hospital referred to as 'Phase 1A Building' which is 19,196sq.m. When this quantum of development is added to the 170,000sq.m that it is claimed can be built on the site the resulting plot ratio is over 4.2:1 substantially more than what is considered the maximum desirable for any site in the city and over 100% more than the maximum ratio indicated for such a site in the current Dublin City Plan.

### Heights Discussed at Initial Stages

This brings us to the matter of the advice given by DCC relating to the height considered suitable for the site. The impression given to the Mater representatives by DCC that it was acceptable to accommodate any expansion requirement by increasing height accords exactly with the information given to representatives of Our Lady's Children's Hospital Crumlin at a meeting held in DCC offices with DCC officials on April 30<sup>th</sup> 2007. The minutes of the meeting record the following statement in reference to the Dublin Planning Officer:

*"He also advised that there is no height restriction on the Mater site."*

We find the advice given by DCC in this regard to be without foundation in any relevant adopted planning document at that time. While the '05 City Plan did not itself specify maximum building heights, it contained a provision at Par.15.6.0 which stated:

*"A study commissioned by Dublin City Council to examine the issue of Dublin's building height (Managing Intensification and Change: A Strategy for Dublin Building Height, DEGW 2000) identified character areas and locations within the city that would allow for large-scale growth and innovation in building form. The potential siting of higher building or high intensity clusters within the city will be planned using the principles and criteria enunciated in the study.*

*"It is the policy of Dublin City Council to continue to protect the skyline of the inner city while having due regard to the criteria regarding building heights set out in the above DEGW study."*

The DEGW study distinguished between individual high buildings and high intensity clusters. With regard to high rise buildings it stated at Par.5.3:

*“In Dublin the issue of form and composition can be discussed in terms of the high rise building vs. the high cluster or core. The fundamental difference between the two being:*

*High rise buildings fulfil primarily an image or landmark function in townscape terms and do not have a significant impact in terms of increasing density (i.e. the amount of accommodation or activity). On the contrary a composite arrangement in the form of a cluster or core has the potential to significantly add to the density levels of a location and impacts considerably on the city-wide context.”*

It further states:

*“The desire to promote or allow the development of single high buildings can therefore only be substantiated on the basis of image, change of city brand or for marketing reasons etc.”*

Par.5.3 goes on to state:

*“A different evaluation framework is required to determine suitable or appropriate locations for development of each form or composition.”*

At Par.5.4 the DEGW study then identified three criteria for the location of individual high buildings which were:

*“Key focal or converging points within the road structure of the city wide plan;  
Primary public transport nodes which act as gateways for arrival into the city  
Locations which capture continuous, long views across city-wide corridors.”*

The DEGW study then identifies 15 such locations (Exhibit 5 pg.58) and states at Par.5.4 ‘Potential Locations for High Buildings in Dublin’:

*“The sites are dependent on emerging transport proposals, on detailed study of availability and the surround context. A detailed review of these locations is necessary to identify a few preferred and ideal locations”*

The Mater site was not one of the 15 sites considered to have potential for high buildings and even if it were one of the 15 mentioned, a detailed review of the site would have to have been undertaken before DCC could make any recommendation to the effect that there were no height restrictions on the site.

The DEGW study then sets out three criteria for the location of high intensity clusters and states:

*“The potential for intensification in the form of clusters of buildings higher than their context relies on the need for high accessibility. This suggests the need for a different set of criteria for identifying potential locations based on:*

*Direct access to public transport from regional and city-wide networks;  
Availability of large brownfield sites to support the scale and extent of such a development;*

*Relative distance of new high activity 'places' from established activity nodes within existing areas to ensure they are not compromised."*

It goes on to state that there are:

*"Three potential locations for the clustering of high buildings (Exhibit 6)"*

Exhibit 6 identifies the three locations within a radius of the three main stations (as per the first criterion listed) – Heuston, Connolly and Pearse. The Mater site is, of course, not identified as being suitable.

Within this context it is exceedingly difficult to understand how DCC officials could have given the advice they gave to both the representatives of the Mater and Crumlin Hospitals particularly since, in addition to the provisions of the DEGW study to which it was policy to have regard, observance of the 'Special Standards applying to medium and high rise buildings' which were listed at Par.15.6.0 of the '05 City Plan would also have been difficult at the Mater site. These standards are similar to the 'Urban Form and Spatial Criteria' set out in the current Dublin City Plan to which we have referred in our written submission with the exception of two standards – one relates to telecommunication channels and the other to environmental considerations.

We would also like to draw the attention of An Bord Pleanála, to the evidence that this practice by DCC of encouraging the construction of high buildings is not restricted to the Mater site – there is precedent. We know that for some years permission has been granted by DCC for high buildings which An Bord Pleanála found not to be in accordance with proper planning and in breach of the '05 City Plan – the 12 storey tower on the Arnotts site and the 13 storey tower on the Carlton site are but two examples.

To make matters worse we know, and An Bord Pleanála is aware because it was recorded at an oral hearing on September 19<sup>th</sup> 2008, that an applicant who proposed a 32 storey building on a site, which was outside of the areas identified as possible sites for higher buildings by the DEGW study and which did not comply with the criteria set out in the DEGW study, was told by DCC that a proposed building (at 32 storeys) was not high enough. The applicant increased the height, offering DCC a choice of 37, 39 or 42 storeys and the 37 storey height was identified by DCC officials as being the most suitable. The applicant lodged the application for a scheme including the 37 building. We refer of course to [App. No. 5051/07](#) for the development of the Jury's / Berkeley Court site. The information regarding the height of the tower was given at the oral hearing by its architect Ulrik Raysse. However, directly contrary to advice previously given, DCC determined that the 37 storey height was a material contravention of the '05 City Plan and refused permission for that element of the application. It appears that the advice being given to both applicants (Jury's and the Mater) during this period by DCC was known to them to be in direct contravention of the statutory planning document of reference at the time.

The view of DCC regarding the suitability of the site for very large scale development is reflected repeatedly in the Mater Response. At Ch.3 Sec.1.3 we are told that:

*"Exploratory meetings were held with Dublin City Council in relation to the scale of the New Children's Hospital. The Plans are wholly consistent with the objectives of Dublin City Council."*

The reference to the objectives of “Dublin City Council” is curious. What about the requirement for their objectives to be one and the same as the objectives of the '05 City Plan? There were no objectives in the '05 City Plan that allowed for development of this height and scale on the site.

At pg.37 the Mater Response states:

*“It is proposed that the hospital may expand vertically through the addition of one or more floors to meet requirement for new areas such as additional ward accommodation.”*

There are no valid grounds for the assumption that an unspecified number of floors could be added to buildings which are already said to be from 6 to 8 storeys.

Among the statements made in the concluding section of Ch 3 (Sec.1.13 pg.32) is:

*“There are currently no known development constraints in relation to the Mater site”*

Given the conservation imperative to protect the setting of Protected Structures, the Mater site could not realistically be considered to have no known constraints.

It is clear that the advice received by the applicant from DCC was incorrect and not in compliance with proper planning. When a development is not in compliance with proper planning it is unsustainable. To have offered similar advice to developers of other sites in the city was, we suggest, irresponsible, but to offer such advice to the developers of the National Children’s Hospital could be viewed as reckless.

It is submitted that if the correct advice had been given to the applicant none of the above statements could validly have been made in the Mater Response to the Location Task Group.

## JOINT TASK GROUP BRIEF

The brief issued by the Joint Task Group on February 17<sup>th</sup> 2006 had requested all interested hospitals to submit:

*“Details of Planning and Development considerations relating to the proposed site, including in particular reference to such matters as:*

- I Zoning*
- II Protected Structures*
- III Height Restrictions*
- IV Development density, permissible building footprint*
- V Traffic management and transport plans*
- VI Environmental impact*
- VII Waste management*
- VIII Previous planning history”*

Ch 3 SEC.1.6 pg. 29 of the Mater Response addresses some of these issues in a most cursory fashion. In fact it could be said that the Mater Response indicated no real study of these

fundamental planning issues at all. The matter of building footprint is totally ignored throughout the document and in relation to the question on height restrictions it is very brief and lacks any kind of supporting information:

*“There are no formal height restrictions placed on the site. The proposal for the development of a New Children’s Hospital on the site has regard to the protected structures on the adjoining properties on Eccles Street and the nature of the adjoining residential properties on Leo street. The heights have been maintained as already granted planning permission on these two streets, and the site has stepped up to the existing levels of the Phase 1 A buildings in the middle of the site. The existing buildings in the Phase 1 A building on the site are 8/9 storeys and the proposed amended plan for the development of the site does not envisage buildings above this level will be necessary to meet requirements for the development of the site”*

And at pg.40 it is stated that:

*“The planning strategy for the site is to develop the buildings proposed along NCR generally to a height of 7 storeys, ...The proposed developments along Eccles Street are 6 storeys rising to 7 or 8 storeys further into the site, adjacent to the existing buildings.”*

In summary then, the Mater Response indicates a maximum development of approx. 170,000sq.m (actually 172,435sq.m) comprising a new children’s hospital and a new adult hospital and allowing for expansion for both. This volume of development would result in a plot ratio for the entire site of 3.5:1 (calculating the 44,475sq.m buildings to be retained on the site plus 172,435sq.m).

Due to the location of the original Mater Hospital to the west of the site, however, the two new hospitals would have to be built on a section of the site which we estimate to be approx. 4.5 ha. and which already accommodates an 8 storey hospital building of 19,196sq.m. This results in a total volume of development on the c.4.5ha site of 191,631sq.m resulting in a plot ratio of 4.2:1. In fact, even if the estimated expansion space for the two hospitals (24,500sq.m) were to be subtracted from the 191,631sq.m, it still leaves 167,131sq.m development on the site i.e. a plot ratio of 3.7:1 for the c.4.5ha site.

In light of the gross over-development being suggested, it is remarkable to note Section 2 page 23 of the Mater Response which lists the advantages of the Mater site over competing hospital sites. These include *inter alia*:

*“This is the only site that has major expansion capability.”*

The inaccuracy of this statement should have been obvious to all members of the Joint Task Group.

With this information to hand and cognisant of the first criterion listed in the McKinsey Report i.e. that the new hospital should be able to accommodate all projected needs, as well as research and education facilities, one would have expected the Joint Task Group to discount the Mater site as a possible location for the new Children’s Hospital on the basis of lack of space alone. On the contrary, what transpired is that the Joint Task Group considered that the

Mater site, far from being too small to properly accommodate the new Children's Hospital, was actually big enough to accommodate a FIFTH hospital building – a maternity hospital.

It is worth considering how the Joint Task Group assessed the responses received to the brief outlined.

- Did they consider that a plot ratio of 3:1 (the most intense development identified in the City Plan for any site in the city) was suitable on a site without a zoning designation which would normally permit such intense development?
- How did they anticipate this intensity of development could be accommodated on a site of such extreme conservation sensitivity as the Mater site?
- Were they aware that the site contains 10 Protected Structures, one of which is a Landmark and if so were they not aware of the requirement to protect the setting of Protected Structures?
- Did they not do the very elementary calculation to figure out whether the numbers added up?

## MATER CLARIFICATION

Having failed, it is submitted, to properly analyse the cursory information presented, the Joint Task Group sought further clarification and, inexplicably, indicated that, in addition to the over-intense development that would result from the construction of the new Adult Hospital and the new Children's Hospital, it was their view that the site could actually accommodate a maternity hospital as well.

A letter dated April 5th was issued by the Chairman of the Joint Task Group to the Mater stating the following:

*“In the course of its deliberations the Joint Task Group has come to a conclusion that it would be important as part of assessing the future expansion capacity of the hospital to ensure that, following completion of all known development plans/projects, there would be sufficient capacity for the development of a maternity hospital on the campus if required. The Joint Task Group is satisfied that your hospital site could accommodate a maternity hospital in the order of approximately 25,000sq.m.*

*The Joint Task Group requests an indication that*

*(a) The owners would be willing to accommodate a maternity hospital on site and would prioritise the development if required;*

*(b) That the owners of the site would be willing to cede the space required for the development of such a hospital, unencumbered and at no cost to the State.”*

The matter of the space required for the maternity hospital was dealt with in a letter dated 10<sup>th</sup> April 2006 from the Chairman of MMCUH which stated *inter alia*:

*“... The owners of the identified site are willing to accommodate the development of a maternity hospital on the site at a future date and are willing to cede the space required for the development of such a hospital (c.25,000sq.m)...”*

A document entitled 'Written Clarification of Issues' ('Written Clarification') dated 20<sup>th</sup> March 2006 was submitted to the Joint Task Group by the MMCUH in response to a request for same.

In relation to existing planning approvals the Written Clarification (it is not paginated and has no paragraph numbers) states:

*“Planning permission currently exists on the site for a new Children’s Hospital, a major development of the Adult hospital and an underground carpark in the total area of approx. 113,500sq.m (85,500sq.m hospital and 28,000sq.m carpark).”* This relates to a 2004 grant of permission.

*“A further permission was granted in July 2005 for an 8,000sq.m expansion”*

*“The current permitted development envisaged a further expansion of approx.40,000sq.m of development above the area permitted and this was clearly set out for the Planning Authority as part of the application...”*

This would bring the total capacity of the site in question to 153,500sq.m. The explanation for the stated increase in capacity to approx. 170,000sq.m for the same area is:

*“However, the context for the assessment of the current proposed development is now the new 2005 Dublin City Development Plan and this confirms the Planning Authority’s emphasis on greater densities for development in the city centre areas where a Plot Ratio of 3.0 is seen as acceptable. Put simply this allows greater density for development on the Mater hospital campus in a manner that is fully consistent with the new Dublin City Development Plan and this is the basis on which the incremental increased in total area required can be achieved.”*

There was in fact no change in the zoning or standards that applied to the Mater site under the '05 City Plan – there was no extension of the city centre zoning (Z5) towards the Mater site and no change in designation of the sensitively zoned areas adjoining or adjacent to the site. Neither did the '05 City Plan make any reference to a change in plot ratio permitted on the site. The zoning designation of Mountjoy Prison was changed to Z10 and the plot ratio consequently increased on that site to permit development to a ratio of 2-2.5:1.

Phibsborough was designated a Prime Urban Centre ('PUC') in the '05 City Plan and is identified as PUC7 under the Land Use Zoning Objective at Par.14.4.4. While an increase in density was sought for PUCs, there were no development control standards set out for them other than those that applied to Z4 designated zones (plot ratio 2:1) until, as is indicated at Par.14.4.4:

*“Local action plans shall be prepared for all the designated Prime Urban Centres”*

The Phibsborough / Mountjoy Local Area Plan was not agreed until October 2008 so there was in fact no change to development standards as they applied to the Mater site at the time of the submission of the Written Clarification. The plot ratio of Z4 zoned sites in fact did not change and hasn't changed in the current Dublin City Plan – it continues to be 2:1. Thus there were no grounds for the statement that:

*“However, the context for the assessment of the current proposed development is now the new 2005 Dublin City Development Plan and this confirms the Planning*

*Authority's emphasis on greater densities for development in the city centre areas where a Plot Ratio of 3.0 is seen as acceptable."*

The Written Clarification further states:

*"We are satisfied that the nature and scale of the proposed new development is fully consistent with planning policy for the area. The hospital consulted with the Planning Authority on 27<sup>th</sup> February as noted in Item 3 above. On the basis of these discussions, and on the basis of planning history and current planning policy for the area, we consider the planning issues associated with the proposed new development to be fully addressable. We do not envisage that the receipt of statutory approval will present a major risk in this context."*

We reiterate that the nature and scale of the proposed new development was not "fully consistent" with planning policy for the area. The reality is that the proposed new development conflicted with planning policy.

In response to the request from the Joint Task Group to identify the precise site area for the new Children's Hospital, the Written Clarification identifies the site as an area stated to be "approx. 20,000sq.m" and the Written Clarification states that:

**"The capacity for development on this part of the site is in the order of 72,000sq.m"**

On reading this did the Joint Task Group members not wonder how, if 2ha accommodates 72,000sq.m, the remaining c.100,000sq.m would be accommodated on an area of the site measuring approx. 2.5ha which has an existing hospital of 19,196sq.m? Did they not calculate that it would result in a plot ratio of 4.8:1?

Furthermore, the outline of the site identified as being approx.20,000sq.m does not tally with the site outlined and stated to be 2.04ha. in this SID application. The outlined site in the subject application extends to the North Circular Road and covers an area to the rear of the original Mater Hospital. On this basis we suggest that the figure given for the area indicated in the Written Clarification is inaccurate.

But what is most notable is the calculation that on this part of the site the capacity for development is 72,000sq.m. The brief requirements had been, as stated at pg 21 of the Mater Response, for a children's hospital of up to 90,000sq.m. We respectfully draw the attention of An Bord Pleanala to the fact that the current application is for 108,356sq.m. and it is located exactly on that area of the site stated to have a capacity for development in the order of 72,000sq.m.

## ROTUNDA REPORT

We note that a report was submitted to the Joint Task Group on May 1<sup>st</sup> from the Rotunda Hospital indicating at pg 17 that the Mater Hospital Site Strategy provides 25,000sq.m. for a maternity hospital plus 5,000sq.m. for expansion and that they fully support this proposal. So, on the c.4.5ha. site it was now proposed to add a fourth hospital i.e. the existing Phase 1A Building (19,196sq.m), a new adult hospital (up to 60,000sq.m), a children's hospital (up to



90,000sq.m) and now a maternity hospital (up to 30,000sq.m). This represents a total of 199,196sq.m i.e. a plot ratio of 4.43:1.

Two of these hospitals, the new Children's Hospital (90,000sq.m) and a maternity hospital of up to 30,000sq.m, were to fit on the area we now know to be approx.2.06 ha. Did the Joint Task Group not consider how this was to happen when the written clarification had calculated the development capacity of an area of approx. 2ha. to be 72,000sq.m?

## JOINT TASK GROUP REPORT

On June 1<sup>st</sup> 2006 the HSE signed off on the Joint Task Group Report recommending the Mater site as the optimum location for the new Children's Hospital. At pg 37 of the Task Group Report it is stated that:

*“There are significant differences and advantages/disadvantages amongst the sites studied, particularly in relation to such matters as:*

- 1 *Site context*
- 2 *Overall site area*
- 3 *Land available for development*
- 4 *Extent, configuration and condition of existing facilities*
- 5 *Development constraints”*

In relation to the Mater Hospital it is stated at pg 37 that:

*“The Mater Misericordiae Hospital presented a very detailed proposal which showed clearly that a paediatric hospital of the size required could be incorporated with a new adult hospital on the Eccles Street site. The capacity to include a maternity hospital was also demonstrated.”*

That the Joint Task Group considered the Mater Response and Written Clarification “*very detailed*” is frightening. That they decided to choose the Mater as the optimum site begs the question as to whether they actually understood the submissions from the Mater.

At pg.42 the advantages and disadvantages of the Mater site are listed. One of the advantages is stated to be:

*“Demonstrable planning clarity”*

It is hard to know how the Joint Task Group wished this to be interpreted. The only ‘demonstrable clarity’ about planning as it relates to the Mater site is that the site is demonstrably too small.

Also at pg.42 it is stated that one of the disadvantages of the Mater site is:

*“Smaller site (6.15 hectares on main hospital campus plus buildings along Eccles St. and Nelson St.)”*

The reality is that the size of the site available for the development of the two hospitals (children's and maternity) is not 6.15ha but is actually approx. 2.04ha. The remainder of the site was to be taken up by the 3 other hospital buildings.

The Joint Task Group concludes at pg.43 that:

*“From a planning and development perspective, both the Mater Misericordiae Hospital and St. James’s Hospital demonstrated capacity to accommodate a paediatric hospital of up to 585 beds with ensuing research capacity and a full maternity hospital on the order of 25,000sq.m albeit with a differing capacity for further expansion.”*

**We cannot comment on St. James’s Hospital but the Mater Hospital most certainly did not demonstrate a capacity to accommodate a paediatric hospital of up to 585 beds with research capacity as well as a maternity hospital of 25,000sq.m on its site.**

**On the contrary, based on a plot ratio of 3:1, (erroneously indicated as acceptable by DCC), the Mater Hospital identified the capacity of a 2ha site to be 72,000sq.m. in their Written Clarification.**

However, at Sec.8.1 pg.45, the Joint Task Group summarises the strengths of the Mater Hospital and St. James’s Hospital under the following headings: Co-location, Planning and Development considerations, Access and Governance, and states that:

*“...it was not possible, utilising the clinical Co-location benefits to further separate the hospitals concerned”*

In relation to Access it was found that:

*“There was no significant difference between the two hospitals in terms of ease of access.”*

In relation to Governance it was found that:

*“Both hospitals satisfied the Joint Task Group that they could accommodate a paediatric and maternity hospital on site under the proposed governance arrangements.”*

But in relation to Planning and Development considerations it was found that:

*“From a planning and development perspective, both the Mater Misericordiae Hospital and St. James’s hospitals demonstrated the capacity to accommodate a 380-585 bed paediatric hospital and a full maternity hospital of the order of 25,000sq.m albeit with a differing capacity for further expansion. St. James’s Hospital is a bigger site (24.3 hectares v 6.15 hectares) and because of its size may have greater potential to accommodate further expansion needs.”*

Given the crucial, and repeatedly acknowledged, importance of the potential to accommodate further expansion needs, we would have thought that this would indeed render it possible to put forward St. James’s Hospital site as clearly distinguishable from the Mater site.

However, at pg.46 the Joint Task Group Report concludes:

*“On the basis of the above considerations it would not be possible for the Joint Task Group to put forward one of the above location on a basis that it renders it clearly distinguishable from the other site.”*

The Joint Task Group then opted to make the decision based on two other considerations – 1) Speed of project delivery and 2) Paediatric access to relevant off-site adult sub-specialties - and concludes on both these counts that the Mater is the optimum site.

In relation to paediatric access to off-site adult sub-specialties, I must state that I have no expertise in medical matters but am very puzzled by the following statement which is offered as the deciding factor in this regard:

*“Siting the paediatric hospital at the Mater Misericordiae Hospital site would place it between the neurosurgical and transplant teams in Beaumont Hospital and the haematology/radiotherapy and burns staff in St. James’s Hospital thereby maximising access to the relevant off site expertise.”*

This conclusion appears illogical to us. How can the Mater Hospital site be better placed to access haematology/radiotherapy (2 of the sub-specialities identified in the McKinsey Report) and the burns medical teams, than St. James’s Hospital, when they are actually located on the St. James’s Hospital site?

It is extraordinary that the Joint Task Group has taken what is one of the strengths of the St. James’s site and called it an advantage for the Mater site thereby turning what was an advantage for St. James into a disadvantage.

In relation to the other ‘consideration’ i.e. speed of delivery, we suggest that a major contributory factor to the position we now find ourselves in is the speed with which proposals were drawn up and decisions made at this early stage. It took a total of **2 weeks** to compile and submit the Mater Response to the Brief set out by the Joint Task Group (request issued on February 17<sup>th</sup> and response lodged on March 3rd). What level of scrutiny of the very major medical and planning issues involved could have been undertaken within 2 weeks?

The hasty, and we suggest ill-informed, decision made by the Joint Task Group on a matter of such enormous importance is also striking. We submit that their assessment of the final two sites, St. James’s and the Mater, was seriously lacking. It is evident that much more information and scrutiny were required with regard to the Mater site and we suggest that if a thorough examination of the capacity of the St. James’s site had been undertaken, including a full assessment and examination of rationalisation options of existing layout and buildings, it is hard to imagine that on a site of 24.3ha it would be impossible to find space larger than 2.04ha on which to build the two required hospitals.

While we have not had access to the other submissions made to the Joint Task Group in response to their request for information, the failure of the Mater Hospital to conduct a thorough and proper planning assessment of the actual capacity of the Mater site to accommodate such a huge scale of development is glaring. What is inexcusable however, is the failure of the Joint Task Group to fully examine the Mater proposal prior to coming to such a crucial decision. All information provided appears to have been accepted without question by the Joint Task Group including the statement by the Mater that the Children’s Hospital would be “*substantially completed within four years*” (i.e. by 2010). We submit that

the fact that the Joint Task Group considered 'speed of project delivery' as one of the two deciding factors was flawed.

It appears to us that the consequences of making speed a priority runs the risk of inadequate consideration of the complex issues involved and can lead, as has happened in this instance, to a lack of due diligence.

It is well to remember that improper planning is unsustainable planning. While that may be a significant difficulty in relation to residential or commercial development (and we have too much evidence of that in Dublin as a result of decisions made by DCC), when it comes to a children's hospital being unsustainable it is no longer just a significant difficulty – it is a catastrophe. In our view it simply cannot be allowed to happen.

## NATIONAL DEVELOPMENT PLAN

In January 2007 the Government published the National Development Plan which identified the Mater site as the location for the new National Children's Hospital. This decision to select the Mater site was based on the recommendation in the May 2006 report of the Joint Task Group.

We know that no thorough assessment had been done on the chosen site and the recommendation by the Joint Task Group was based, in large part, on erroneous information presented by the MMUCH whose members had been incorrectly advised about the capacity of the site by DCC. It is submitted that the Government decision was therefore premature and unsound.

## RESIDENTS PARTICIPATION IN THE PLANNING PROCESS

At this point we wish to address an issue raised by the applicant in the Mater Response dated March 20<sup>th</sup> 2006 and it is the reference to no objection being lodged to several planning applications. The conclusion is repeatedly drawn in the Response that there is an excellent relationship between the Mater Hospital and the local residents. We suggest that this is misleading and not a reflection of the actual situation.

The reality is that residents have tried their best to keep up with the many and varied planning applications lodged for the site. Since 2002 there have been 27 planning applications for the Mater site alone i.e an average of almost 3 applications a year. Some of these have been exceedingly complex applications seeking amendments to several previous applications which had been granted permission. The effort required of residents to try to deal with this level of planning activity, even at a very basic level, has been a huge burden for local residents throughout this period. The fact is that at least the following applications have been objected to by the residents:

Reg.Ref.0489/02 The Nurse's Education Centre

Reg.Ref.2003/04 No 14 Nelson St

Reg.Ref.5781/04 No.63 Eccles St

Reg.Ref.5437/06 No 73 Eccles St.

Reg.Ref.3046/09 Nos 57-58 Eccles St.

Reg.Ref.2813/10 No.58 Eccles St

Submissions have also been lodged on the following: No 51 Eccles St., No 52 Eccles St, development of medical facilities on Berkeley Road, Dorset St, and twice at No.8 Nelson St. In some cases decisions on these applications have also been appealed to An Bord Pleanala. This attention to planning applications for development at Mater Hospital properties as well as for other properties in the area has been in addition to the monthly and weekly meetings attended by residents with representatives of the Mater over the past two years. Residents have also sought to influence the provisions of the Phibsborough / Mountjoy Local Area Plan and indeed were very active during the drawing up of the Dublin City Development Plan 2011-2017. In all of these efforts residents found their concerns largely going unheard.

Unfortunately, residents groups throughout the city by-and-large have a similar experience when they engage in a 'consultation' process with Dublin City officials or developers, be it in relation to a Local Plan, the Development Plan, or in situations like this one when the 'consultation' relates to large scale development in their neighbourhood.

Public participation in the planning process has been researched by the centre for Urban and Regional studies at Trinity College and their reports provide interesting reading. In 2004 an article was written on the experience of the community during the process that resulted in the Liberties / Coomb Integrated Area Plan. Some of the conclusions are worth noting as they mirror the more recent experience of residents' groups in the Mater Hospital area.

At pg.84 of the article it states:

*"The article contends that the Department of the Environment and Local Government and its local authority, Dublin City Council, misrepresented both the real agenda being pursued via the IAPs and the role and standing of the Community Representatives therein."*

It goes on to state:

*"It would appear reasonable to conclude that the manner in which the Liberties/Coomb IAP and the role and authority of its Monitoring Committee were presented, was an attempt to pre-empt and co-opt any potential community opposition to the real agenda being pursued via the IAP in question."*

And further at pg.84:

*"This article contrasts the shameful treatment of the community's representatives with the commitment which the then Minister for Housing and Urban Renewal made in his forward to the Urban Renewal Guidelines – 'arrangements put in place must incorporate mechanisms to ensure that disadvantaged local communities and representative organisations and groups should participate fully in the planning and realisation of urban renewal programmes'."*

And finally, in conclusion at pg.85 it states:

*"This article neither shares in the commendations which are heaped on the Irish planning system with its distinctive third party appeal system nor in the celebrations of the local authority's new found modus operandi of conciliatory partnership, which this article would contend is, in fact, functioning to preclude and negate the emergence of*

*any legitimate criticism of what is being done to working-class communities in the name of urban renewal.”*

Another article was published in 2009 entitled ‘Handle with Care’ following further study at the Centre for Urban and Regional Studies and again its findings echo the residents’ experience, it states:

*“At the point at which communities are invited to participate, all key decisions about the process and the plan will typically have been taken. There is generally little room for manoeuvring or negotiation in relation to the content of the regeneration or development plan. The space for engagement can be narrow, the debate non-existent and the outcomes predetermined.”*

The RPS Report refers to 20 meetings held by the NPHDB as well as 12 meetings with the ‘Community Advocate’ on a weekly basis.

At Sec.12.0 of the RPS Report it is recorded that the NPH PMST retained a Community Advocate to canvas the local residents on main issues of concern for them. The experience of BLEND with the Community Advocate was not a satisfactory one from the residents’ perspective, as while it was evident that the motions of consultation were being gone through, it was obvious from early in the process that it was a waste of time for residents and that they were, in fact merely being patronised and treated as pawns.

At Sec.12.1 it is stated that:

*“The Community Advocate report (by John Spain and Associates) has documented residents’ concerns relating to traffic impact (during construction), noise pollution, landscaping, and working hours, building height, overlooking, overshadowing and impacts on protected structures. The Project’s Integrated Design Team has had regard to these concerns in the hospital design and EIS process.”*

We submit that the regard to residents’ concerns was, at very best, cursory, and that it would be more accurate to state that the major concerns were essentially ignored. We refer An Bord Pleanala to Sec.2.9 pg 4 of the report entitled ‘Community Gain Proposals’ prepared by the Community Advocate which states:

*“The residents wish for it to be noted that they are disappointed that there has been no compromise in amending the design of the building or suggestions of alternative proposals and that they feel that there has been no proper consultation of the residents’ concerns. The residents have also requested details from the national Childrens’ Hospital team such as shadow analysis of the development and they have not received this to date.”*

We refer to this aspect of the residents’ experience so that An Bord Pleanala is fully aware of the shortcomings of the planning system when it comes to public participation. In the experience of BLEND it was found that there was an existing agenda that was going to be followed, irrespective of how valid or worthwhile the suggestions were from residents. An Bord Pleanala will understand the frustration of the residents when an erroneous impression is given as was the case in the ‘Mater Response’ document.

## CURRENT APPLICATION

The current application seeks permission not for 72,000sq.m, as was suggested could be accommodated on a 2 ha site, but rather for a development of 108,356sq.m on a section of the 2.04 ha site which is approximately 1.6ha. This would provide for the new Children's Hospital and would be followed by an application for up to 30,000sq.m for a new maternity hospital on the remainder of the 2.04ha site.

Obviously the scale being proposed is grossly excessive for the site.

We submit to An Bord Pleanala that the SID application that is currently before the Board would never have got to this stage if the correct advice had been given to the applicant in the first instance and we remind the Board that the *raison d'être* of pre-planning consultations, as referred to in our written submission, is precisely to avoid situations such as this where enormous amounts of time and money have been spent (in this case public money) on applications that are shown to be unsustainable.

## MATTERS ADDRESSED IN THE RPS PLANNING REPORT

The Planning Report ('RPS Report') submitted with the application by RPS on behalf of the applicant The National Paediatric Hospital Development Board ('NPHDB') refers to land in the ownership of the HSE. The HSE has given consent to the NPHDB to make this planning application.

The RPS Report addresses a number of issues on which we would like to comment. We have already illustrated in our written submission (using extensive references from statutory documents) how this proposed development breaches provisions of the Dublin City Plan and the Phibsborough / Mountjoy LAP in relation to matters as significant as zoning, height, density and conservation.

## DEVELOPMENT SITE

Sec.18.1 of the RPS Report deals with the development site and indicates that the current application site is 7.2ha. We do not understand how the area of the site could be stated to be 7.2ha. The reality is that the current application applies to an area comprising 2.04 ha which is the total area of the Mater site in the ownership of the HSE. The remainder of the site is in different ownership and while some works will be carried out on adjoining lands owned by the MMCUH (accommodating the original Mater Hospital, the new adult hospital and the Phase 1A hospital building) and by DCC (public roads), we think it misleading to describe the site as being 7.2ha. Figs 2 and 3 on pg. 30 of the RPS Report illustrate the outline of the actual site on which the new Children's Hospital is proposed and it measures 2.04ha. not more. It is important to state that the 2.04ha is intended to accommodate a new maternity hospital as well.

Sec.23.13 of the RPS Report references 'One step Closer – Key Points of the High Level framework Brief for Ireland's New National Paediatric Hospital' published in October 2007 which identifies the capacity estimates and space requirement for core hospital services to be approx. 90,200sq.m and the total requirement for the new Children's Hospital to be 103,600sq.m. At this point we would like to reiterate the findings of the 'Written Clarification' document submitted by Mater Hospital (on which the decision to choose the

Mater site was based by the Joint Task Group), which identified the capacity for development of an area of approximately 20,000sq.m (i.e. 2ha) as being in the order of 72,000sq.m.

Sec.23.13 of the RPS Report further states:

*“The site ceded at the Mater campus was also to reserve an area of a Maternity building with an indicative floor area of approximately 25,000sq.m”*

The “*site ceded*” refers to the site already mentioned and identified at Fig. 2 pg. 30 of the RPS Report which is stated to be approx.2.04ha. So we are looking at a situation where if both the new children’s hospital and a maternity hospital are to be accommodated on the site, floor space of 133,356sq.m (108,356 sq.m children’s hospital plus 25,000sq.m maternity) would be built on a site similar in size to the area stated to have the development capacity of 72,000sq.m. in the Written Clarification. Furthermore, as we know from the subject application, the actual area outlined in the Written Clarification document and stated to be 20,000sq.m is in reality approx.16,000sq.m, so if the size of the site had been correctly stated, the suggested 72,000sq.m on this area would have resulted in a plot ratio of 4.5:1 for this area of the site.

The Written Clarification was the document on which the Joint Task Group based their decision to choose the Mater site as the optimum site for the location of the new Children’s Hospital.

## **PLANNING AND POLICY CONTEXT**

Sec.24 of the RPS Report addresses the strategic planning and policy context of the proposed development as it relates to provisions of various statutory documents.

### **National Development Plan 2007-2013**

We have already addressed the circumstances in which the Government made the decision that the National Children’s Hospital should be built on the Mater site. We suggest that what must be considered by An Bord Pleanala is whether this government policy is sound and reasonable in planning terms. The reality is that if this proposed development is permitted to go ahead, it will mean in effect that one government policy i.e. the policy relating to the location of the National Children’s Hospital, would trump all Government Policy relating to proper planning. The policy to locate the NCH at this location must not be viewed in isolation and certainly cannot be permitted to totally disregard, and we would suggest, run rough-shod over other Government Policies as they pertain to proper planning. Judging by the views we understand will be expressed by medical experts at this hearing, as well as our knowledge of planning, we submit that the two reasons for choosing the Mater site over the St. James’s Hospital site were unsound. One was a medical argument (put by some medical people and opposed by others) and the other reason was the speed with which it was anticipated to proceed. It is well to note that the Mater Response indicated that the hospital could be ‘substantially’ completed within four years i.e.2010 – the lack of foundation for that argument is clearly evident by our presence here today.

It is clear that the identification of the Mater Hospital site as the preferred site was based on criteria other than planning criteria and that the assessment currently being undertaken by An Bord Pleanala is, in fact, the very first time that the suitability of the site in planning terms is being properly assessed.



We respectfully request that in their assessment of the proposed development, An Bord Pleanála consider the application in the context of the many Government policies which relate to proper and sustainable planning and that those policies not be allowed to be overridden by the Government policy relating to this site which is patently flawed in planning terms.

### **Sustainable Development: A Strategy for Ireland (1997)**

Sec.24.4 of the RPS Report implies that the proposed development complies with the above policy document in that it promotes the re-use of redundant and derelict land for active use since this *‘reuses available resources, contributes to energy efficiency, sustains the urban fabric, reduces the need to develop Greenfield sites and protects the countryside.’* This of course is sustainable provided that the land being re-used is properly and sustainably developed. In this instance the scale of the proposed development militates against its sustainability.

### **National Spatial Strategy (2002-2020) (‘NSS’)**

Sec.24.7 of the RPS Report makes reference to the NSS and, in an attempt to justify the proposed development, identifies the section relating to the development of housing in urban areas. It states:

*“In relation to the sustainable provision of housing in urban areas the NSS states that this must involve:*

*Concentration of development in locations where it is possible to integrate employment, community services, retail and public transport.*

*Mixed use and well designed higher density development, particularly near town centres and public transport nodes like railway stations.*

*The efficient use of land by consolidation of existing settlements, focusing in particular on development capacity within central urban areas through reuse of underutilised land and buildings as priority, rather than extending green field development.”*

and concludes at Sec.24.8 by stating that:

*“This proposal is an exemplar of the integrated objectives of the NSS as outlined above.”*

We suggest that this proposal could not be an exemplar of the objectives quoted because it does not involve the provision of housing. The only reference then that is made to the NSS in the RPS Report to justify the proposed development is actually completely irrelevant.

### **Transport 21**

Sec.24.9 of the RPS Report identifies one of the main aims of Transport 21 as being to increase accessibility – making it easier to get to and from work, school, shopping and business, primarily by public transport. In relation to Metro North it states:

*“The provision of this high volume public transport system at the Mater campus, in addition to the existing bus network, will be central in guaranteeing a very high level of accessibility to the new Children’s Hospital which fulfils a national medical role.”*

More recently it has become apparent that the construction of Metro North is not anticipated in the foreseeable future and it may never be built. This removes the central guarantee of the high level of accessibility referred to. While we do not have any expertise in transport matters, it is obvious that the issue of accessibility to the site is a key failing of the proposed development. Ordinary members of the public are wondering how they will manage to get their sick children to the Mater site given the level of congestion experienced on a daily basis by members of the public attempting to negotiate the roads in the Drumcondra / Phibsborough area. No amount of concentration by the applicant on the public transport options serving the site can obviate the fact that sick children must be transported either by car or ambulance and that the perception of the public that the site is almost impossible to get to is not without foundation and is justified by the personal experience of thousands on a daily basis.

Of crucial consideration, too, in the assessment of the level of accessibility of the site, is that the addition of the fifth hospital (maternity) on the Mater site was not factored into the transport and traffic calculations prepared for this application.

The only other way of transporting a sick child to hospital is of course by helicopter. The provision of a helipad was considered significant by the Joint Task Group and hospitals were asked to provide information on how they would accommodate a helipad on site. In relation to the provision of a helipad the Written Clarification stated:

*“A number of points were considered at both rooftop and ground level for the location of the Helipad. The proposed and approved location of the helipad is at the highest level in the centre of the existing hospital site block and is clearly the best option in relation to the need to meet the requirements of the Irish Civil Aviation Authority and the requirement to minimise disturbance to adjoining properties.”*

The situation regarding the Helipad has changed however, now that the height of the building is going to be 16 storeys instead of 8. It transpires that it would be too dangerous because of wind speeds, to land a helicopter at such a height. So much for the best option in relation to meeting the requirements of the ICAA and to minimising disturbance for neighbours! It is notable that at this point in time no application has been lodged for a Helipad – given the importance of such a facility for a children’s hospital this appears remiss at the very least.

### **Regional Planning Guidelines for the Greater Dublin Area (2010-2022) (‘RPGs’)**

Sec.25 of the RPS Report addresses the RPGs and draws attention to the objective to consolidate development within the Dublin metropolitan area. However, support for development of such overwhelming scale cannot be found in the RPGs.

### **Dublin City Development Plan 2011-2017**

The RPS Report cites various provisions of the Dublin City Plan in support of the proposed development. In this statement we will address the most significant provisions referred to.

#### **Zoning**

In relation to the Z15 zoning designation of the site the RPS Report sets out at Sec.26.3, 26.4 and 26.5 the provisions of the Dublin City Plan *inter alia* the zoning objective, and the uses permitted and open for consideration within the Z15 zoning designation. There is no question but that hospital use is permissible on the site. Where the RPS Report is incorrect however is in the statement at Sec 26.6 that:

*“Therefore, having regard to the ‘Permissible Uses’ in Z15 zoned lands, the proposed CHOI national paediatric hospital development at Eccles Street is permissible in principle in the Z15 zone”*

We submit that what is permitted in principle on the site is hospital use. The ‘proposed development’ could not be considered to be permitted in principle. In fact, if RPS Report had included a further provision of the Dublin City Plan relating to the Z15 zoning designation, it would have been perfectly clear that the proposed CHOI national paediatric hospital development is not only not permissible in principle, it is in fact in contravention of the provisions of the Z15 designation. Par.15.10.14 of the Dublin City Plan states:

*“With any development proposal on these lands, consideration should be given to their potential to contribute to the development of a strategic green network..... in addition, 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.”*

In this instance the contribution to the strategic green network is negligible, scant regard has been had to the prevailing height of existing residential development adjacent to the site and the transition in the scale of development between the Z15 zoning of the hospital and the Z1 zoning of the Leo Street dwellings could hardly be more abrupt.

### **Conservation Objectives**

It is of note that the section devoted to ‘Conservation Objectives’ in the RPS Report does not quote a single conservation objective or policy relating to the 2.04ha site in support of the proposed development.

In fact, the whole Section entitled ‘Conservation Objectives’ from Sec.26.17 to 26.19 of the RPS Report refers to Protected Structures that are in the ownership of a company other than the applicant and refers to improvement works proposed to Protected Structures on a site which is not in the ownership of the applicant. It is not surprising that these references are the sum total of the comments under the title of ‘Conservation Objectives’ in the RPS Report. We suggest that if the Report were to reference any of the conservation policies, objectives, or standards in the Dublin City Plan or the Architectural Heritage Guidelines as they pertain to the proposed new building on the site, they could not but serve to expose the weaknesses of the proposed development and undermine the applicant’s contention that the proposed development is in accordance with proper planning.

### **Economic Policies**

The RPS Report cites several economic policies of the Dublin City Plan which it purports support the proposed development on the site. Many of these refer to the Innovation Corridors and Clusters. The first policy quoted at Sec.26.2 is RE19 which states:

*“It is the policy of Dublin City Council:*

- (i) To encourage the regeneration of the city centre zoned area through the promotion and facilitation of innovation clusters and the intensification of existing clusters such as the Mater Hospital, James’ Hospital and the Digital Hub*
- (ii) To recognise 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.”*

We would first of all like to point out that the reference to the “city centre zoned area” refers to Z5 as per the definition of “city centre” in the ‘Glossary of Terms and Phrases’ in the Dublin City Plan:

*“City Centre: Relates to the area zoned Z5 on the zoning maps”*

So the Mater Hospital is not located in the designated city centre, rather, it is located in the Inner City on the Metro North Innovation Corridor. In relation to Innovation Corridors Par. 9.4.4 states:

*“The three innovation corridors set out in the ‘Economic Development Action Plan’ for the Dublin Region will provide a focus for regional innovation and clustering. In this context and in the interests of clarity, the innovation corridors have no additional implications for zoning or standards, in particular those pertaining to height, density, plot ratio and site coverage.”*

So the fact that a site is on an innovation corridor clearly does not allow for an intensity of development over and above what would be permitted within the zoning designation which in this case is Z15.

The fact that Policy RE19 refers to the intensification of existing clusters such as the Mater Hospital simply means that development of any underutilised land on the site should be encouraged. There is absolutely nothing in the policy to suggest that the development should be any more intense than would normally be permitted.

Part (ii) of the policy simply recognises the strategic role of the Children’s Hospital of Ireland, indeed, that is why we are here at an SID hearing and not at an appeal hearing of a decision already taken. Again there is no wording in the policy that in any way implies that the normal standards of the Dublin City Plan should not apply to any development on the site.

Several other policies are cited at Sec.26.20 of the RPS Report in support of the argument that the proposed development is in compliance with the Dublin City Plan. They are:

*“RE17 To promote and facilitate economic development and clustering taking place along the Southern, Metro North and Nass road / Rail Innovation Corridors within the*

*Dublin City Region and to promote the city centre being the economic engine for the region.”*

Given that the Innovation Corridors have no additional implication for zoning or standards as stated above, this policy does nothing to change the fact that development within these areas must comply with the normal zoning objectives and standards indicated in the Dublin City Plan. The proposed development fails to do so.

*“RE18 To promote and facilitate the further development of clusters within the city thereby generating competitiveness, productivity and innovation benefits and to promote north-south linkages between Digital Hub – Grangegorman and east-west linkages between the Dublin Docklands, the historic city core and Heuston”*

This policy does not apply to the subject application as the site already forms part of a cluster (RE20 is the equivalent policy for existing clusters) and it does not **lie** between Digital Hub and Grangegorman or on the east-west corridor. This policy is therefore irrelevant.

*“RE20 To develop and implement specific land use and other planning policies so as to facilitate the retention and growth of existing and emerging clusters”*

While this policy does relate to the subject site, it is evident that land use objectives and other planning policies developed to date are not being implemented. It would be invalid to suggest that policies that may be developed at a future date should somehow be applied now.

*“RE21 To promote, facilitate and protect the enterprise and employment creation potential of the strategic enterprise/employment landbanks while also encouraging the necessary support infrastructure such as business services, cafes, shops, hotels.”*

This policy does not apply to the subject site as the subject site is zoned Z15 and not Z6 ‘Employment / Enterprise Zones’, to which this policy refers. This policy is therefore irrelevant.

In reference to these policies, Sec.26.21 of the RPS Report concludes:

*“Having regard to the above, especially noting Policy RE19(ii) above, the current Children’s Hospital of Ireland development proposal would be in compliance with the economic provisions of the current City Development Plan.”*

We have shown how the opposite is the case – the proposed grossly over-scaled development is not supported by even one of the policies quoted in the RPS Report.

### **Areas Identified as Appropriate for High Buildings**

The BLEND written submission dealt with the matter of the excessive height of the proposed building. Sec.26.28 to 26.32 of the RPS Report addresses the issue of appropriateness of building height. Sec.26.30 quotes the general principles for building height from Par.16.4.1 of the Dublin City Plan, among which are:

- *“All high buildings must be of the highest architectural quality and should aim to have a slenderness ratio of 3:1 or more and have regard to the existing urban form, scale and character, and the built heritage of the area.*
- *The key principles outlined here must be applied in conjunction with other policies and standards in the development plan, including those designed to ensure good community infrastructure, a pleasant public realm, compliance with the apartment quality standards, energy efficient development, and the promotion of employment, especially in the knowledge economy.*
- *Each Plan shall have regard to the overall city form and structure, in order to prevent visual clutter or negative disruption of the skyline (in this instance the reference would be to the LAP)*
- *High buildings should be associated with significant open space, to promote appropriate setting, daylighting and amenity.”*

It is evident that the above principles have been totally disregarded in the drawing up of the plans for the proposed development.

At Sec.26.32 the RPS Report goes on to outline the assessment criteria for high buildings as set out at Par.17.6.3 of the Dublin City Plan. Among the criteria are the following:

- *“Exhibit exceptional architectural character and quality, creating a building which is of slender proportions, elegant, contemporary, stylish and in terms of form and profile, makes a positive contribution to the city skyline, city structure and topography.*
- *Create a positive relationship with the immediate surroundings, both existing and proposed buildings and prominent features in the vicinity, as well as streets and existing open spaces.*
- *Successfully incorporate the building into the existing urban grain: proposals to be accompanied by a design statement.*
- *Create positive urban design solutions including new public spaces.*
- *Protect important views, landmarks, prospects, roofscapes and vistas.*
- *Protect the built and natural heritage of the city.*
- *Ensure that the site is of an appropriate size and context to allow for a well-designed setting of lower buildings and/or landscaped open space.*
- *Include an outstanding ground floor and entrance design.*
- *Consider the impact on the scale and quality of existing streetscapes, spaces and buildings.*

- *Consider the impact on protected structures, conservation areas, and the architectural character and setting of existing buildings, streets, and spaces of artistic, civic and historic importance, in particular, the buildings relationship with the historic city centre, the river Liffey and quays, Trinity College, Dublin Castle, the historic squares and precincts, the Phoenix Park, the Royal Hospital, Kilmainham and the canals.”*

As stated in the BLEND written submission, what is staggering is the degree to which the proposed development fails to have regard to even the most significant principles and criteria set out at Par.16.4.1 and Par.17.6.3 respectively.

The RPS Report also refers to Par.16.4.2 of the Dublin City Plan which sets out “Key Development Principles for each Area” No. 6 relates specifically to Phibsborough and identifies the key development principles as follows:

*“Phibsborough (see Phibsborough / Mountjoy Local Area Plan)*

*To ensure that height and massing do not impact negatively on protected structures and the social and historic heritage of the area*

*To ensure that high buildings create a visually and architecturally coherent and attractive contribution to the skyline, in terms of slenderness ratio and height.*

*To protect and frame important views and vistas, and to ensure proposals for high buildings will have no negative local or city-wide impacts.”*

One could hardly imagine that a proposed development **could possibly breach each one of the key development principles for Phibsborough more comprehensively than the subject proposed development.**

## **Landscaping**

In support of the proposed development the RPS Report refers to only one provision of the Dublin City Plan relating to landscape - Par.17.2, which states:

*“Good quality landscaping schemes are important for the city in providing functional and visual amenities and in contributing towards sense of place. To ensure that landscaped areas are attractive, safe, and well maintained, their design and maintenance plans will be regarded as an integral part of all new development applications.*

*Landscape schemes will be required to be of a high standard and must be in accordance with Dublin City Council standards for road and footpath layout.... ... There will be a preference for soft landscaping where possible.”*

It is obvious that the above provision refers to landscaped areas at ground level.

The vast bulk of the open space associated with the proposed development is at roof level and so could not be considered to provide visual amenities contributing to a sense of place. When mature trees are located at the roof level of buildings it looks completely incongruous and the antithesis of a visual amenity – particularly in the context of a historic setting.

## **Phibsborough / Mountjoy Local Area Plan ('LAP')**

The RPS Report references several objectives of the LAP to support the proposed development on the site. While we agree that the objectives quoted refer to the development of the National Children's Hospital, we suggest that there are several other objectives contained within the LAP, not quoted in the RPS Report, which illustrate that the type of development being proposed is not actually provided for in the LAP and cannot be built if the provisions of the LAP are to be complied with. In this context we wish to clarify the meaning of the term 'Key' as used in the LAP. Pg.72 of the LAP indicates that the correct interpretation of the work 'Key' is 'non-negotiable'. With reference to planning gain, it is stated:

*“To do this, each will be expected to deliver some, if not all, of the following **key – or non-negotiable** – planning gains: ....”*

Sec.27 of the RPS Report deals with the provisions of the LAP as they relate to the Mater site. Sec.27.6, for example, sets out several objectives of the LAP which it is claimed accord specific support for the development of the National Children's Hospital at the Mater site. Among them are: MU5 and ECO3.

**Key Mixed Use Objectives** are listed at pg.38

Key Mixed Use Objective MU5 states:

*“Support the development of the Mater hospital as the National Paediatric Hospital and to exploit complementary spin-off medical and related uses throughout the LAP area as a major source of local employment”*

However, Key Mixed Use Objective MU8 seeks to guard against the type of development that is proposed in the subject application and states that it is an objective to:

*“Protect and enhance established residential areas and to ensure that all new development is sympathetic to the established character of these areas.”*

**Key Economic Development Objectives** are listed at pg.40

Key Economic Development Objective ECO3 quoted in the RPS Report states:

*“The LAP seeks to promote economic development and employment creation according to the following objectives.*

*Promote the delivery of the planned National Paediatric Hospital as a major employment location in the Phibsborough / Mountjoy LAP area and to promote ancillary and associated employment opportunities in the Phibsborough / Mountjoy area”*

However, Key Economic Development Objective ECO7 protects against the type of development that is proposed in the subject application. It states that it is an objective to:



*“Ensure that new employment development does not detract from the established residential amenity of adjoining areas.”*

**Key Community Infrastructure Objectives** are listed on pg.43.

Key Community Infrastructure Objective CSI2 states:

*“Support the development of the Mater Hospital as the National Children’s Hospital to provide world class paediatric and general hospital services with a local, national and international function.”*

What is most notable about this Key Objective is that the new Children’s Hospital is the fourth hospital being accommodated on the Mater Hospital site – the original Mater Hospital, the Phase 1A Building and the new Adult Hospital being the other three. Key Objective CSI2 makes no reference whatsoever to the fifth hospital now being provided for on the site – the Maternity Hospital, or, indeed, the impact such an additional development on the site may have on the “world class” services of this Children’s Hospital that is to have local, national and international function .

**Key Public Transport Objectives** are listed on pg.65.

Key Public Transport Objective PT1 states:

*“Support the development of Metro North with underground stations at the Mater Hospital and Drumcondra.”*

In reference to the Metro North station at the Mater Hospital the LAP further states at pg 75:

*“The provision of a Metro North stop serving the hospital and surrounds in accordance with Transport 21 is also a key objective of the LAP. This will contribute significantly to the Mater Hospital’s suitability as a major medical, employment and economic destination in the LAP area.”*

The fact that Metro North has been put on hold for the foreseeable future and may not ever be built, removes that significant contribution to the suitability of the Mater site for the proposed development.

**Key Landmark Objectives** are listed on pg.55 where it states:

*“Tall landmark buildings may be appropriate in the Phibsborouogh / Mountjoy LAP area subject to the following key objectives”*

Key Landmark Objective LK2 is quoted by the RPS Report and it states:

*“Support the development of a cluster of taller buildings on the Mater Hospital site to assist the delivery of the National Children’s Hospital”*

However, there are several other Key Landmark Objectives that also warrant referral in the assessment of this application.

Key Landmark Objective LK3 states:

*“Ensure that proposed tall buildings create a visually and architecturally attractive contribution to the skyline, in terms of slenderness ratio (minimum 3:1) and height (maximum 50m)”*

It is generally acknowledged that in order to be visually and architecturally attractive tall buildings should have a minimum slenderness ratio of 3:1 (3 times higher than it is wide) and it is for this reason that this standard is set for the Phibsborough / Mountjoy area. One of the worst aspects of the proposed development is that the high building does not conform to any accepted norm of building design as it relates to high buildings, exceeding as it does, the minimum slenderness ratio by a factor of 9 for the lower section and a factor of 7 for the space-ship like structure on top.

Key Landmark Objective LK4 states:

*“Require proposals for tall buildings to deliver a significant planning gain in terms of the key objectives of this LAP”*

We submit that the proposed development fails to deliver any planning gain in terms of the key objectives of the LAP. The applicant puts forth the idea that because the proposed development is a hospital to serve the public, it is *ipso facto* a planning gain. We suggest that the opposite is the case, this proposed development is of such intensity in use and quantum of floorspace that the negative impacts on the amenities of the surrounding neighbourhood will be significant – there is clearly no planning gain for local residents. The negative visual impact and damaging effect on huge tracts of the historic urban landscape of the city resulting from the enormous scale of the building is also significant and certainly represents no planning gain for the city. We submit, too, that given the degree to which the proposed development fails to comply with proper planning, it will prove to be unsustainable and so could not represent a planning gain for the intended users of the building.

Key Landmark Objective LK5 states:

*“Ensure that proposals for tall buildings deliver a quantifiable contribution to urban quality, in terms of public realm, built form, architectural treatment and the quality and detail of materials proposed.”*

We submit that the proposed development fails to make any positive contribution to the urban quality of the area and further, that the contribution made by the development would be entirely negative.

Key Landmark Objective LK6 states:

*“Require an architectural design to be exemplary and reflect the building’s function and location; massing and scale should be assessed to avoid monolithic buildings which overpower their surroundings.”*

The proposed development utterly fails to comply with this key objective. This building is worse than monolithic – it appears monstrous – and overpowers not only its surroundings but large swathes of the historic urban landscape as well.

Key Landmark Objective LK7 states:

*“Ensure proposals are sensitive to local context and protect established residential amenity, historic buildings and open spaces.”*

The proposed development obviously fails to protect residential amenity, historic buildings and open spaces.

Key Landmark Objective LK8 states:

*“Protect important views and vistas within the LAP area and ensure proposals for tall buildings will have no negative local or city wide visual impacts, overshadowing and microclimate impacts.”*

We suggest that the proposed development dramatically and pointedly damages important views and vistas within the LAP area and that it would have overwhelming visual effects locally and city wide as well as extensive overshadowing and microclimate impacts.

On examination then, it is evident that of the 8 relevant Key Landmark Objectives (number 1 refers exclusively to the Phibsborough Shopping Centre and Mountjoy Prison sites), the proposed development complies with only one i.e. No.9 which requires the preparation of an environmental impact statement as part of a planning application for tall building proposals. In relation to the other seven, not only does the application not comply – it actually makes a mockery of them all.

The ‘Landmarks and Tall Buildings’ section on the other side of pg.55 of the LAP also contains the following significant provision:

*“An overriding consideration will be whether the height proposed has any negative impact on the established amenity of existing buildings, especially homes and protected structures within the area.”*

So the **overriding** aim of the LAP is to avoid negative impact caused by tall buildings on the amenities of residents and of Protected Structures in the area. The degree to which the proposed development fails to comply with this overriding aim is self-evident.

**Key Site Objectives for the Mater** site are listed on pg.77 of the LAP where it states:

*“The LAP seeks to facilitate the optimum development of the Mater Hospital site in accordance with the following:”*

It then lists several objectives which are in turn quoted in the RPS Report followed by brief comments, most of which simply refer the reader to the EIS or the Masterplan. We would like to address them individually as we consider them to have particular relevance to the proposed development.

Key Site Objective 1 states:

*“Provide an appropriate quantum of floorspace 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.”*

In this context, we have already referred to Key Landmark Objective LK3 which identifies a maximum height of 50m and a slenderness ratio of 3:1 for landmarks in the LAP area. Specifically in relation to the Mater site, the LAP states at pg.74:

*“The development brief and quantum of floorspace proposed has not been finalised to date. However, Dublin City Council recognises that this facility will require the development potential of the site to be maximised if it is to deliver a world class medical facility, serviced by an underground metro station.”*

We are aware that at all times prior to the submission of the application, the intensity of development envisaged for the site by the applicant and DCC was a ratio of 3:1. This intensity is very considerable and is grossly excessive for a site of this zoning designation and in such a sensitive location in planning terms. The actual plot ratio permitted on the site is set out at Par.17.4 of the Dublin City Plan and is stated to be **0.5–2.0:1**. The sensitivity of the Mater site in conservation terms would indicate that a ratio towards the lower end of the scale would be more appropriate. In any event, it is clear that the maximum level of development properly achievable on the site is at a scale of 2:1. As indicated previously, what has been presented in this application, is a development likely to have a plot ratio of **approx.5.6:1** on a site of 2.04ha, when the proposed maternity hospital of up to 25,000sq.m is taken into consideration and excluding the area of the subject proposed development that would be located underground.

A further measure of the density of a site is the degree of site coverage of the building. Par.17.5 of the Dublin City Plan describes site coverage as a:

*“... control for the purpose of preventing the adverse effects of over development, thereby safeguarding sunlight and daylight within to adjoining a proposed layout of buildings.”*

It further states:

*“Site coverage is a tool particularly relevant in urban locations where open space and car parking standards may be relaxed.”*

The indicative site coverage standards are set out at Par.17.5 of the Dublin City Plan and they identify site coverage of 45% for Z15 designated sites. It is evident that the site coverage of the proposed development would greatly exceed 45% when it is considered that almost the entire area of the site, other than the area being reserved for the maternity hospital, is being covered by the proposed development.

This scale of over-development is staggering. When Mrs. Gallagher mentioned on Monday that the applicant was trying to fit two pints into a pint bottle she was actually understating the scale of overdevelopment. In actual fact the applicant is trying to fit almost three pints into a pint bottle.

We submit that what is being provided could not be considered “*an appropriate quantum of floorspace*” but a quantum that is grossly excessive and that the resulting scheme would prove unsustainable.

Key Site Objective 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 floorspace and accessibility in accordance with the objectives of the LAP”*

We submit that the Site Masterplan submitted with the application is not in accordance with the objectives of the LAP. In fact, the Masterplan submitted with the application differs considerably from that set out in the LAP. The maps on pgs.74 (‘Indicative Site Layout’) and 75 (‘Indicative Urban Structure / Public Realm’) of the LAP illustrate the envisaged campus style layout of the site along with the public routes which are frequently referred to as “key” in the LAP. The Masterplan submitted with the application differs dramatically from these plans. Gone is the fine grain campus style “similar to Trinity College”, gone is the “continuous landscaped area” on the North Circular Road, gone is the wide public north-south route through the hospital campus which was to prevent “this major institution becoming a barrier to movement in the area” and gone is the new public space “facing the North Circular Road, reinstating the symmetry of the original hospital façade.”

The LAP also states at pg.74:

*“The LAP vision for the Mater Hospital site is to develop a permeable campus environment which integrates within the emerging wider urban structure.”*

In essence, all of those qualities which contributed to the proper planning of the Mater site have been obliterated in the Masterplan submitted with the application.

We submit that the Masterplan consequently cannot be considered to be in compliance with the LAP.

Key Site Objective 3 on the list of objectives states:

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

In addressing the development standards of the proposed development it is well to note Pg.36 of the LAP which states:

*“The development control standards set out in this Local Area Plan should be read in conjunction with the relevant chapters of the City Development Plan. Where appropriate standards do not exist in this LAP, the development control standards in the City Plan shall apply.”*

We consider that we have clearly shown that the quantum of development proposed for the site is grossly excessive by the standards of the Dublin City Plan, which standards must be abided by in the absence of appropriate standards in the LAP. The fact that “design-led” development is promoted in no way suggests that all appropriate standards should be ignored. The aim in planning is to achieve an acceptable balance between the various development control standards. Surely “design-led” must be interpreted to mean that good design will be the key determinant in striking the appropriate balance between the important development control standards. It surely cannot be interpreted to mean that ‘no standards need apply’.

Key Site Objectives Nos. 4 and 5 refer to architectural qualities which we submit are not being met due to the difficulty of the architectural brief i.e. to accommodate an excessive scale of development on the site. This was acknowledged by Frank McDonald in his article in The Irish Times (Oct.24<sup>th</sup>). In relation to the architectural treatment he stated:

*“... a huge and highly visible horizontal slab, however well tricked out, is the most appropriate response to their almost impossible brief.”*

Key Site Objective 6 required the preparation of an assessment of citywide strategic views to accompany an application for development. We submit that the assessment failed to adequately assess all relevant views.

Key Site Object 7 states:

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

Pg.75 of the LAP also addresses this objective:

*“The LAP vision for the integration of the Mater Hospital into the area is centred on reinstating and enhancing the existing courtyard structure introducing permeability through the site in a series of connected spaces. The Mater Hospital site should be developed as a fine grain campus within the wider urban structure of the neighbourhood, similar to Trinity College.”*

What is envisaged in the proposed development bears no resemblance to that described above. The proposed development very clearly does not comply with Key Site Objective 7.

Key Site Objective 8 states:

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

As stated previously, the proposed development fails to comply with these most important objectives.

Key Site Objective 9 states:

*“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.”*

Pg.75 of the LAP also addresses this objective when it states:

*“The LAP proposes a new north – south route through the hospital campus. This route will allow permeability through the site and prevent this major institution becoming a barrier to movement in the area.”*

The permeability so sought after by DCC has also been jettisoned in the proposed development and while there is some limited access through the site it differs fundamentally in nature to that envisaged in the LAP.

Key Site Objective 10 states:

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

The assessment of these matters is subjective – many are of the view that what is being proposed as streetscape improvements could not be considered as such.

Key Site Objective 11 states:

*“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.”*

This objective is also referenced on pg.75 of the LAP:

*“The plan proposes that buildings on the North Circular Road be demolished to create a continuous landscaped area, while also resolving issues of privacy, daylight and ventilation for the new hospital buildings.”*

The proposed development makes no provision for the development of a new public plaza on North Circular Road. Rather it envisages a section of what was to be the new public plaza being occupied by the new maternity hospital. This would seem then to give rise to issues of privacy, daylight and ventilation for the new hospital buildings.

Key Site Objective 12 states:

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

This key site objective does not form part of the proposed development. The original hospital building is not in the ownership of the HSE.

Key Site Objective.13 requires the use of ecologically sustainable construction and efficient building technologies. In our written submission we referred to the additional environmental, social, and economic costs related to the construction of high buildings compared to low rise.

Key Site Objective 14 relates to the facilitation of the development of the Metro Station.

Key Site Objective 15 requires the preparation of a detailed mobility management plan.

Having listed all 15 of the Key Site Objectives for the Mater site, the RPS Report concludes its comments on the objectives as follows:

*“Most if not all of the above Key Objectives of the Mater campus site will be achieved through this proposed planning application for the CHoI hospital.”*

We consider that we have conclusively shown that this statement is incorrect.

### **Other Key Objectives**

There are so many other Key Objectives in the LAP which the proposed development flagrantly conflicts with and that haven't been referred to either in the RPS Report or in their oral submission. Neither have they been referred to by DCC in their submission. We wish to bring just some of them to the attention of An Bord Pleanála only to demonstrate the degree to which the proposed development fails to comply with the LAP. Bearing in mind that the Key Objectives are to be understood as non-negotiable, we consider it worth referring to some of the more relevant ones vis-à-vis the proposed development.

**Key Urban Form Objectives** are set out at pg.52.

Key Urban Form Objective UF5 states:

*“Consider the scale and height of new buildings in relation to their surroundings, particularly the impact of development on particular landmarks or background buildings; or strategic views.”*

Key Urban Form Objective UF6 states:

*“Consider the impact and scale of massing on local microclimate, including the effects of wind tunnelling, overshadowing and passive solar gain.”*

It is obvious that neither of these objectives have been complied with.

The proposed development fails to comply with these key objectives.

### **Key Building Height Objectives** pg 54 of the LAP

In the context of building height it may be worth noting the comments of world renowned architect, Lord Richard Rogers, who is on record as stating:

*“In New York the street level works very well, whereas often in Europe it works much less well because we don't usually have whole streets of highrise. In New York high rise buildings form streets and at ground level you have shops, you have people and they're so narrow you don't see the height. In England we put one high rise building on its own and everybody can see it. It breaks the continuity because if you put one on its own, the street line is broken.”*

In reference to building height pg.54 of the LAP states:

*“The LAP seeks to provide for sustainable building heights for new development in the plan area in a manner which promotes land use efficiency, the development of sustainable communities, and protects the established residential and visual amenities of the area.”*

It goes on to list several Key Building Height Objectives, among which are the following:

Key Objective HT2 states:



*“New buildings in key redevelopment sites should generally not exceed 20 metres in height (five – six storeys) depending on context.*

Key Objective HT3 states:

*“Provide a site specific site analysis and masterplan which demonstrate that the bulk and scale of development can be accommodated without causing undue impacts on existing or proposed proximate buildings.”*

Key Objective HT5 states:

*“Ensure redevelopment sites adjoining established residential development provides building height and adequate setbacks to ensure the protection of established residential amenity.”*

Key Objective HT6 states:

*“Ensure the height impact of new development does not have a detrimental effect on local microclimate, within or adjoining the development site, either by inhibiting sunlight penetration or causing wind tunnelling”*

Key Objective HT7 states:

*“Ensure that the height of new development responds to the receiving environment and makes a positive contribution to the character of the area and a contribution to quality of life and regeneration of Phibsborough / Mountjoy generally.”*

Key Objective HT8

*“Ensure that the height and massing of proposed new development does not impact negatively on the sustainable conservation of protected structures and the social and historic heritage of the area.”*

There isn't one of these objectives that the proposed development complies with.

To put matters in perspective regarding the height of the proposed development, it is well to note that the hospital rises to a height equivalent to 24 residential storeys in an area of the city where historically heights have ranged from single storey terraced cottages to elegant 4 storey Georgian terraces. In fact of the 31 buildings on the Mater site itself, 15 are single storey, 4 are two storey, 6 are three storey, 3 are four storey over basement, 1 is six storey, 1 eight storey and 1 nine storey (the new adult hospital completing construction).

In an international context it will interest people to note that at pg.54 the LAP refers to the restriction to 6 storeys as a maximum height in the centre of Paris and the maximum height limit of buildings in Frankfort, other than in areas specifically designated for high rise buildings, is 20 metres. That equates to 5 office floors or 6 residential floors. The planners in these cities appreciate the impact of scale.

## **Development Standards**

In addressing the development standards of the proposed development it is well to remind ourselves of the clause at pg.36 of the LAP:

*“The development control standards set out in this Local Area Plan should be read in conjunction with the relevant chapters of the City development Plan. Where appropriate standards do not exist in this LAP, the development control standards in the City Plan shall apply.”*

Pg.5 of the LAP states:

*“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. However, the optimum form of the development will take 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 of development proposals on the local microclimate, views and the skyline of the city.”*

So no maximum volume of development is imposed but this applies only to the extent that it is compatible with the overall height objectives of the LAP. The overall height objectives of the LAP are, as previously stated, that the maximum height would be 50m and the slenderness ratio would be 3:1. Based on a cursory calculation we estimate that this would provide for a building of at most one tenth the size of the proposed development.

The other relevant measure of height provided in the LAP is at pg.75 where the height in storeys is indicated. This is less specific than Key Objective LK3 which ensures a maximum height of 50m. for landmark buildings. The height in storeys indicated for the site at pg.75 is 12+ storeys, not as many storeys as was identified as being the equivalent of 50m at pg.55 of the LAP where it states:

*“Tall buildings should be appropriate in terms of proportions, composition and their visual impact; they should be slender and have a minimum height to width ratio (slenderness ratio) of 3:1, and generally should not exceed [16 floors] or 50m in height.”*

It has been argued at this hearing that the reference to 12+ storeys at pg.75 of the LAP allows for unlimited height and consequently for this proposed development. The LAP had, however already indicated at pg.55 that 16 storeys was the equivalent of 50m so to suggest that 12+ storeys requires the 50m limit to be exceeded is wrong.

Neither can support for their argument be found in the Dublin City Plan which identifies just two categories of storey height i.e. residential and office. Par.17.6.2 states:

*“The height definition is based on an average floor to ceiling height of 3.0m for residential schemes and 4.0m for office.”*

Any normal interpretation of the height provisions in the LAP and the detail of the height definition as set out in the Dublin City Plan would conclude that it is perfectly possible for a building of 12+ storeys to be accommodated within a 50m height. Additionally, since the maximum height of 50m for landmark buildings within the LAP area is not specifically

increased on the Mater site we must interpret the 12+ storeys provision as being within the 50m height.

Furthermore, the Dublin City Plan (Dec. 2010) was made more than two years after the adoption of the Phibsborough / Mountjoy LAP (Oct. 2008). Phibsborough is listed as a mid-rise area in the Dublin City Plan not a high rise area. In other words, it is considered suitable for buildings up to and not over 50m. If the LAP provided for the construction of a building over 50m high in Phibsborough then it would have to have been identified as a high rise area in the Dublin City Plan and not as mid rise.

The reality is that nowhere in the LAP does it specifically provide for buildings over 50m.

### **Significant Environmental Impacts**

The RPS Report notes that while the EIS contains details of all impacts assessed, the one that may attract most interest are: Human Beings, Sunlight, Visual Impact, Roads, Traffic and Transportation and Architectural Heritage.

#### **Human Beings**

We note that the RPS Report makes reference to the findings of the EIS that indicate economic benefit for the area resulting from the proposed development. The only benefit mentioned other than economic is social benefit. Residents of the area are at a complete loss to identify any social benefit for them and could find no reference to same in the EIS.

What is clear to local residents is the long-term impact of the proposed development in terms of: loss of sunlight, changes to views, glare and impacts on privacy and overall residential amenities. At Sec.28.6 of the RPS Report it is stated that there “*may be*” long-term impacts. Sec.28.6 further states:

*“Increased on-site parking and activity at the Hospital (ambulances, deliveries, visitors etc.) may lead to increased traffic on local roads.”*

We wish to ask if the use of the word “*may*” is supposed to indicate that there is a chance these impacts will not happen in the event that the development goes ahead? We submit that there is absolutely no doubt whatsoever that if this proposed development were to be granted permission and be built, the increase in traffic would be inevitable as would the loss of sunlight, change to views, glare and impacts on privacy (to include perceived privacy) and overall residential amenities. These impacts would in fact be considerable. We do not see this as a case of “*may*” – but of ‘will’.

Based on this assessment, the Board will understand that for us at least the EIS lacks credibility. So when it is stated that impacts will be ‘slight to moderate’ or ‘imperceptible’ we are disinclined to believe them and when it is stated that the impact is likely to be ‘significant’ we find it frightening.

#### **Visual Impact**

When it comes to the assessment of the visual impact of the proposed development the RPS Report refers to the EIS findings that it will significantly alter the appearance of large areas of the historic city and skyline and that it will significantly change, and contrast with, the

established scale that forms the background of a number of local residential communities. The RPS Report then states:

*“The EIS notes that these changes are the result of a number of intrinsic factors comprising:*

*The Government decision to co-locate with the Mater on an inner city site in an historic medical quarter with a long established institutional character.*

*The hospital design factors which require ‘vertical adjacency’ to optimise care outcomes.*

*The Dublin City council making a specific provision for the Children’s Hospital in a Local Area Plan that anticipated tall structures and their environmental and community effects”*

We have the following comments on the ‘intrinsic factors’:

- we have already set out in detail the unsound nature of the Government decision
- we understand that some medical experts have expressed concern regarding the use of vertical adjacencies as opposed to horizontal adjacencies and that this is a matter that will be referred to in a later submission. From a planning perspective it appears that elevator-dependent vertical building layouts may increase susceptibility to transport delays that worsen clinical complications. An article written by Roger S. Ulrich and Xuemei Zhu entitled “Medical Complications of Intra-Hospital Patient Transfers” states the following:

*“The finding that elevators may worsen transport complications also has implications for choosing between small infill sites within cities that require tall structures, as compared to larger sites on the periphery of cities that permit lower-rise hospitals. To the extent elevators may negatively affect patient outcomes by worsening transport-related clinical complications, the decision whether to build a high-rise versus low-rise hospital perhaps should be considered a potentially important clinical and patient safety judgment as well as an architectural decision.”*

- we have shown how the provisions of the LAP do not provide for buildings of this scale but rather, in fact, they guard against a development such as the one proposed.

### **Architectural Heritage**

The BLEND written submission set out in some detail the unacceptable impacts of the proposed high rise building on the architectural heritage of the city. In relation to impacts on architectural heritage, we were interested to note the reference at Sec.28.16 of the RPS Report:

*“The EIS further notes that as most of the identified impacts relate to the scale and location of the proposed development, and as neither is open to change consistent with meeting the detailed briefing and accommodation requirements, no mitigation is possible beyond that already reflected in the form and massing of the building.”*

This is an admission that the volume of development proposed is such that it will inevitably damage the setting of much of the historic urban landscape of the city. It is indicated that it is not possible to lessen the impact. We repeat that it is obvious that this volume of development cannot be accommodated on the site in a sustainable manner. The site is simply too small.

### **Economic Impacts**

There has been a huge emphasis by the applicant and by DCC on what are purported to be the economic benefits of the proposed development. We submit that the suggested benefits in no way compensate for the inestimable social, planning and heritage cost, as well, indeed, as economic costs in terms of the likely impact on tourism. It must be remembered that tourism is now our biggest industry in Dublin.

We would however, like to comment on Sec.29.10 of the RPS Report:

*“The Report finally notes that, by providing a very significant stimulus to the Drumcondra / Phibsborough area, the CHoI is likely to make a very positive contribution to the commercial rate base and as a consequence local authority finances. Substantial savings to the Exchequer are also anticipated as a result of the amalgamation of the 3 existing children’s hospitals onto the one site.”*

We will be addressing the issues raised by DCC in the next section of this submission. Many of their comments are inexplicable in planning terms. It is to be hoped that the proper planning of the city is not being compromised for the sake of the commercial rate base. It would be disgraceful indeed if the unsustainable development of a National Children’s Hospital were to be promoted for the sake of income for DCC.

Sec.31.1 of the RPS Report states in conclusion:

*“Having regard to the above, we submit that the proposed Children’s Hospital of Ireland will be an appropriate development at the Mater Hospital campus, in accordance with the provisions of the National Development Plan, the current City Development Plan and the Phibsborough / Mountjoy Local Area Plan.”*

The final statement at 31.2 (h) states:

*“It is considered that the proposed development will be in accordance with the proper planning and sustainable development of the area.”*

We consider that we have conclusively shown this statement to be completely without foundation.

### **RPS STATEMENT**

The presentation made to the oral hearing on Oct 17<sup>th</sup> by Mr. Eamonn Kelly for the most part reiterated much of what was contained in the RPS Report submitted with the application. We are confident that we have shown that the policies and objectives claimed by the applicant to provide the planning framework for the proposed development, when quoted in isolation do not provide such a framework, and when considered in the context of the other policies and

objectives of the LAP and the Dublin City Plan, it becomes very evident that there is, in fact, no policy framework for a development of this mass and scale at this location.

In his oral statement on Oct 18<sup>th</sup> identical references are made by Mr. Kelly to the provisions of the LAP and the Dublin City Plan. At Secs.4.8 - 4.12 much is made of objective SCO7 at Par 4.4.1.1 of the Dublin City Plan which provides for the incorporation of the Phibsborough / Mountjoy LAP into the Dublin City Plan. He went on to state that this has key significance for the Children' Hospital project and stated that it affords direct and specific planning policy support for the height, scale and massing of the proposed development.

While we consider that, throughout the course of this statement, we have adequately countered all of the points made by Mr. Kelly in support of the proposed development, we would like to re-visit the issue of height in the context of whether the relevant statutory documents allow for a mid rise building or a high rise building on the Mater site – i.e. up to 50m or over 50m.

Mr. Kelly stated (Sec.4.17 of the RPS Oral Submission):

*“..... the Phibsborough / Mountjoy Local Area Plan, as incorporated into the Development Plan, is the relevant policy document against which a ‘High Building’, such as the proposed CHoI building, should be assessed in addition to the high building criteria and general development standards of the City development Plan.”*

We have stated clearly in both our written submission and again in this statement that the LAP and the Dublin City Plan, along with the Architectural Heritage Guidelines, are the relevant policy documents within which the proposed development is rightly assessed. Where we disagree with Mr. Kelly is in our interpretation of the provisions of the LAP and of the Dublin City Plan. As previously stated the most specific indication in the LAP of the maximum height permitted is 50m. (Key Objective LK3). The only other reference to height as it relates to a landmark building is less specific and is found at pg.75 where a height of 12+ storeys is indicated for the Mater site.

At Sec.4.18 of his oral submission, Mr. Kelly also referred to Par 17.6.2 of the Dublin City Plan. He said that it:

*“also states that the definition of height for Phibsborough is up to 50m (up to 16 storeys of residential development or 12 storeys of office development) “unless otherwise approved in a Local Area Plan”.”*

However, this may just be slightly misleading. The wording of Par 17.6.2 is:

*“The definition of height for the various areas in the Dublin context is as follows – unless otherwise approved in a Local Area Plan, section 25 Planning Scheme or Strategic Development Zone (SDZ), to be agreed by the local area committee.”*

Several areas are then identified in the various height categories – there is a total of five categories i.e. three different low-rise categories, one-mid rise and one-high rise. Of the 13 areas identified as either mid or high-rise, only two have a Local Area Plan drawn up already – Phibsborough /Mountjoy and the Liberties. All the others are awaiting either a Local Area Plan or an SDZ designation and will remain low rise until such a plan/designation is adopted,

hence the qualification “*unless otherwise approved in a LAP, Sec.25 or SDZ*”. We would submit therefore that the clause ‘*unless otherwise approved in a Local Area Plan*’ applies to all areas identified except Phibsborough and Digital Hub (the Liberties) because they already have their Plans drawn up.

Par 17.6.2 goes on to state:

*“For all areas in the development plan identified as either mid-rise or high-rise, a Local Area Plan shall be prepared, except where an up to date Section 25 Planning Scheme or and SDZ is proposed and in place. In high-rise areas, the Local Area Plan, where applicable, shall determine the maximum height of buildings.”*

The inclusion of this clause would seem to indicate that if there were to be any deviation from the standard 50m maximum height in a mid-rise area the LAP should determine the maximum height permitted. For example, if a site were deemed to warrant a building higher than low-rise but not as high as 50m then the specific maximum height shall be determined in the LAP. There does not seem to be any provision for a building higher than 50m in a mid-rise area. It would seem to be logical that if 50m is the stated cut-off height for mid-rise areas, any increase in the maximum height would automatically elevate the area from the mid-rise category to the high-rise category. This did not happen in this instance.

Being categorised as a mid-rise area, the maximum height determined for Phibsborough is 50m. Surely any reasonable person could not interpret the inclusion of Phibsborough (with its LAP already adopted) in the mid rise category of the Dublin City Plan to mean that buildings over 50m could be permitted when the definition of mid rise is stated to be ‘up to 50m’. It is perfectly reasonable to interpret the provision of 12+ storeys at pg 75 of the LAP as being a mid rise building of up to 50m that may have anything between 12 and 16 floors.

In the context of the height to be permitted on the site it is also worth noting pg.77 of the LAP which illustrates a drawing of the Mater Hospital entitled “Proposed Landscaped Open Space”. The drawing illustrates quite extensive open space apparently semi-enclosed by buildings in a ‘Trinity College’ style setting as per the stated aim of the LAP in relation to the Mater site. The exact perspective of the drawing is not stated but the height of the buildings illustrated is of note – they range from what appears to be 2/3 storeys to a maximum of 5 storeys with a 6<sup>th</sup> storey set-back from the parapet. The 74m building now proposed is a very far cry from the image portrayed to the public in the LAP.

We would also like to comment on the repeated references in the RPS written submission and oral statement to the reference at pg.74 of the LAP that the:

*“... redeveloped hospital site will require a significant quantum of floor space and the plan is flexible with regard to the urban form and density of development including building height.”*

RPS appear to take this statement as indicating that somehow the maximum height identified can be waived to allow for building of any height whatsoever. In this instance, the height proposed exceeds the maximum indicated by 50%. We submit that a general statement such as that above should not be interpreted to over-rule other specific references in the LAP and that the reference to flexibility must be interpreted to mean flexibility within the standards indicated and taking into account all other planning considerations.

In relation to height, Key Site Objective 6 of the LAP is referred to in Mr. Kelly's oral statement. It states that the LAP seeks to:

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

Mr Kelly addresses this objective by interpreting it to indicate that impacts on citywide views are anticipated due to the expected height of buildings on the site. We would go a step further however, and opine that the principle purpose of such an assessment must surely be to ensure that negative impact would not result from the development of this site on strategic views in the city – particularly Georgian heritage areas and Architectural Conservation Areas. The provisions of the Architectural Guidelines, the Dublin City Plan and the LAP contain references to this effect. Indeed An Bord Pleanála has referenced these regularly.

In relation to Sec.4.23 of Mr. Kelly's oral submission, we are not aware of any submission that put forward the view that the site should be characterised as a residential site as is stated.

At Sec.4.35 Mr Kelly stated:

*“As is apparent from the LAP / Development Plan diagrams below (Figures 1 and 2), the current proposal for a Children's Hospital at the location is in accordance with the proposed indicative urban structure and indicative masterplan for the Mater campus at the site of the proposed CHoI, .”*

We submit that we have illustrated clearly earlier in this submission that the current proposal for the Children's Hospital is not, in fact, in accordance with the indicative urban structure and the indicative masterplan for the Mater campus.

We also find ourselves unable to agree with Sec.4.36 of Mr. Kelly's statement when he said:

*“The location of the CHoI development occupies the approximate location scale and massing identified in both Figures 1 and 2 which, as indicated in Figure 1, can contain buildings of 6 to 12 storeys and 12+ storeys.”*

With respect, we suggest that while the approximate location is similar, the scale and massing of what is proposed actually bears little resemblance to what is illustrated in either Fig. 1 or Fig 2. A 16 storey, 74m structure is to be developed on a site, a considerable section of which according to Fig.1 was to accommodate buildings from 1-6 storeys, most of the remainder was to accommodate buildings up to 12 storeys and one small section was to accommodate a building of 12+ storeys that would not be higher than 50m.

Fig.2 on the other hand, is a sketch of the Masterplan and appears to illustrate even lower buildings over most of the site with two higher structures towards the centre. The bulk of the area which is to accommodate the proposed 47m development appears in the sketch to contain buildings of approx. 4 storeys – they appear no higher than the Mater Private Hospital which presents as a 4 storey building and no higher than the row of Protected Structures fronting Eccles Street which are 4 storeys over basement.



In this context we would also like to respectfully draw the attention of An Bord Pleanála to the absence of any reference to the maternity hospital in the LAP. The fact is that the LAP did not make any provision whatsoever for such a development.

It is well to remember that the new adult hospital was granted permission for development by DCC in May 2008. The LAP was not adopted until October 2008 so it was known that a structure of c.55,000sq.m was to be built on the Mater site as the New Adult Hospital. The only additional hospital that is envisaged for the Mater site in the LAP is the Children's Hospital. In fact, the DCC Planner's Report on Application No.2080/08 (New Adult Hospital) refers on a number of occasions to the "National Paediatric Hospital" and states at Sec.1.0 'Introduction' for example that amendments are required to a previous grant of permission for the site due to the location of Metro works and the:

*"loss of development potential for Adult services on that part of the site now reserved for the National Paediatric Hospital."*

No reference whatsoever is made in his report to any provision on the site for the development of a maternity hospital.

Bearing in mind that the LAP makes no reference to any hospital other than the Children's Hospital being accommodated on the site, we wish to draw the attention of An Bord Pleanála to pg.74 of the LAP which states:

*"The National Paediatric Hospital Development Board has been established to oversee the development of the new medical facility. The development brief and the quantum of floorspace proposed has not been finalised to date. However, Dublin City Council recognises that this facility will require the development potential of the site to be maximised if it is to deliver a world class medical facility, serviced by an underground metro station."*

So it is crystal clear – in order to accommodate the Children's Hospital on the available space at the Mater site the potential of the site would have to be maximised. There would not be any spare space. Despite this, we are now asked to believe that the site can sustainably accommodate a maternity hospital as well.

Yet again it is obvious that the Mater site is simply too small.

At this point it is worth taking a look at just what type of development is envisaged for a maternity hospital on the site. Based on the oral statement by Mr. Mahon and the identification of the dimensions of the site we estimate the size of the proposed Children's Hospital site to be approx. 1.7ha. This leaves an area of approx. 0.34ha remaining for the maternity hospital. Even if the maternity hospital were to be limited to 25,000sq.m as opposed to the 30,000sq.m considered desirable, the plot ratio on the site would be a shocking 7.4:1.

We know that the net plot ratio of the subject proposed development (88,797sq.m above ground on site of 1.7ha) is c.5.2:1.

- How high would that building of 7.4:1 need to be in order to allow even a minimum of light penetration?

- With extremely high buildings in such close proximity what would the wind tunnelling effects be?
- What implication would the two buildings have with regard to the safe landing of helicopters in their immediate vicinity at a considerably lower level?

This of course raises the matter of the SEA undertaken for the LAP. Since it was not envisaged that a maternity hospital could be accommodated on the Mater site no proper assessment could have been undertaken in that regard.

## DCC's SUPPORT FOR THE PROPOSED DEVELOPMENT

The DCC written submission quotes all the policies and objectives of the Dublin City Plan and the LAP that are considered relevant to the assessment of the proposed development. We consider that we have addressed all relevant policies and objectives either earlier in this statement or in our written submission.

We would, however, like to make a few further comments on the DCC position at this stage of the process which, to be honest, we find inexplicable in planning terms. It will be remembered that the advice given by DCC at the early stages of the process was that the site could be developed at a plot ratio of 3:1 and that information informed the response of the Mater Hospital to the Brief issued by the Joint Task Group set up to decide on the optimum location for the new Children's Hospital. How DCC is now attempting to justify a development that grossly exceeds what they considered suitable in the first instance (and which we consider excessive for this sensitive site), simply defies explanation.

In support of the proposed development, Sec.13.0 of the DCC written submission states:

*“The proposed development is supported by the National Development Plan 2007-2013, the Government decision to co-locate the National Children's Hospital of Ireland with the Mater hospital, the Core Strategy and certain policies, including Policy ER19, of the Dublin City Development Plan 2011-2017, and the provisions and key objectives, including Obj MU, Obj ECO3 and Obj CSI2, of the Phibsborough / Mountjoy Local Area Plan (LAP).”*

In response to the above we submit that we have clearly shown in this statement how the decision to identify the Mater site as the location of the Children's Hospital in the National Development Plan was taken without adequate assessment of the capacity of the site to accommodate such a development and was premature and unsound, as was the government decision to co-locate the Children's Hospital with the Mater Hospital.

The contention by DCC that the proposed development is supported by the Core Strategy appears to boil down to the argument that the Inner City should be consolidated and that the site is on an Innovation Corridor and consequently should absorb the proposed development.

With regard to the consolidation of the Inner City, it is well to point out that in accordance with the Core Strategy, the standards of the '05 City Plan were amended in the current Dublin City Plan to allow for just such consolidation. It will be noted that significant changes were made relating to the intensity of development permitted within the different zoning designations of the city. While the '05 City Plan identified plot ratio standards for only 5

designations, the current City Plan specifies 11 different standards. The plot ratio of Z10 (Mixed use) zones was increased to 3:1 to equal that of the highest permitted in the city (Z5 and Z14) and a similar plot ratio of 3:1 is also now indicted for Z6 (Employment) zones both in the inner and outer city.

The current Dublin City Plan also raises what had been the accepted global low rise height of 15m to a remarkable 28m in the Inner City for all ‘office’ development and to 19m for ‘residential’ development. These were among the provisions introduced in compliance with the Core Strategy.

We wish to emphasise that the relevant provision relating to the Core Strategy as it involves the Mater site is the 50m maximum building height.

As previously mentioned, in relation to Innovation Corridors, the Dublin City Plan specifically states at Par. 9.4.4:

*“In this context and in the interests of clarity, the innovation corridors have no additional implications for zoning or standards, in particular those pertaining to height, density, plot ratio and site coverage.”*

So the suggestion that standards could be in any relaxed on the Mater site is erroneous.

It is interesting that no mention is made in the DCC submission of another provision of the Core Strategy. Par.3.3.1.4 of the Core Strategy Strand 1 of the Dublin City Plan relates to the importance of preserving the character of the city and states:

*“The city’s built heritage makes it unique. Key to the approach of this Plan is the balancing of the needs of a growing, dynamic city with the need to protect and conserve the elements that give the city its identity.”*

The need to protect and conserve the elements that give the city its identity as provided for in the Core Strategy does not appear to have been a priority throughout DCC’s involvement with this application.

The strikingly few “*certain policies*” of the Dublin City Plan and the handful of objectives of the LAP that DCC referenced in support of the proposed development have been addressed already in this submission and clearly do not stand up when considered in the wider context of the myriad policies and objectives of both the Dublin City Plan and the LAP with which the proposed development either does not conform or fundamentally conflicts. It is interesting that Sec.3.0 of the DCC written submission deals with “*Other Relevant Plans*” and lists the NDP, the NSS and the RPGs but fails to reference the Architectural Heritage Guidelines.

From pages 3 to 21 the DCC written submission sets out policies and objectives of the various statutory documents with which the proposed development must comply. What is striking about the submission is the fact that having referenced so many policies and objectives with which the proposed development either fails to comply or blatantly conflicts, and the paucity of policy to support the scheme (we would say absence of policy when considered in a balanced manner), DCC inexplicably goes on to recommend a grant of permission.

The concluding paragraphs of Sec.13.0 of the DCC submission are: *“The proposed development is of a dramatically different order of scale to that of developments around it and a key issue is the appearance and impact of the building’s form on Dublin’s skyline and on its historic setting.*

*Nevertheless, 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.”*

It is very interesting to note that DCC justify the support of a proposed development which flagrantly breaches the provisions of the Dublin City Plan of which they are guardians and with which they are obliged to comply, by stating that it is *“an inevitable part of the compromise necessary to achieve development in inner urban areas”*. We strongly refute that concept. Surely the aim of the policies and objectives of the statutory plans is to avoid compromise on such a scale. The *“compromise”* stated to be necessary by DCC essentially rips apart conservation policies and objectives of the LAP, the Dublin City Plan and the Architectural Guidelines and utterly fails to meet the minimum and most basic standards for proper development as set out in the Dublin City Plan and in the LAP

The support of DCC for the proposed development is doubly perplexing when it is perfectly well known by DCC that developments with a plot ratio in excess of 3:1 are not successful. We remember the reference to this very issue at a pre-application consultation held with the developer of the Vet College site in Feb.’06 (Planning App. No.4798/07, PAC No.0048/06) when the statement was made by a DCC official that the:

*“...experience is that in any scheme with a plot ratio greater than 3 the quality falls in Ireland”*

It is obvious that there are climatic conditions resulting from our latitude at 53 degrees N. which have a bearing on the intensity of development on a site vis-vis wind, light penetration, shadow etc. and DCC are fully aware that if the intensity of development exceeds a plot ratio of 3:1 the resulting development will be inferior, yet in this instance they are prepared to overlook these realities and recommend a proposed development that has a net plot ratio of 5.2:1 (i.e. 88,797sq.m above ground on net site area of 1.7ha) and that would flagrantly and dramatically fail to meet so very many of our most basic development standards.

We can only comment that we consider it shocking that DCC states in their written submission at Sec.13 ‘Planning Authority View on Decision’:

*“It is the view of the Planning Authority that this proposal is positive for the city....”*

#### DCC ORAL STATEMENT

We also wish to make a number of comments on the oral statement made by Senior Planner, Paraic Fallon on behalf of DCC.

Mr. Fallon would have us interpret several Key Objectives of the LAP as though they had precedence over all other Key Objectives. This is not the case. Since the Key Objectives are

stated to be “*non-negotiable*”, a logical interpretation of the LAP would indicate that they are of equal standing. There is, however, one general provision in the LAP that does take precedence over others and it relates to the protection of buildings in the area. It is to be found at pg.55 of the LAP and states:

*“An overriding consideration will be whether the height proposed has any negative impact on the established amenity of existing buildings, especially homes and protected structures within the area.”*

While this does not have the non-negotiable standing of a Key Objective, it nonetheless must merit due regard as a backdrop to the consideration of all Key Objectives.

We would also like to address the points that Mr. Fallon made in his presentation in defence of the height of the proposed development. We refer to pg.9 of Mr Fallon’s statement which, in reference to the Indicative Masterplan contained in the LAP, states:

*“Please note the building forms and height indicated.*

*Please note the reference at the bottom right hand side “Provide the required quantum of floorspace 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”*

We had already noted this reference of course, and were amused by the fact that the reference in question clearly pointed towards a drawing of a building, equivalent in size to the 4 storey over basement houses on Eccles St and the 4 storey Mater Private Hospital. The reality is that the quantum of floorspace now being sought rises to more than four times higher than the Eccles St houses. This contradicts the point Mr. Fallon seems to be trying to make that the height of the proposed development is supported by the LAP.

At pg.10 of his statement Mr. Fallon refers to the height provisions of up to 50m on the Mountjoy Prison Complex and on the Phibsborough Village Centre. We would not concur with Mr. Fallon that:

*“it would be reasonable to conclude that a taller building of 6+ storeys could correspond with a building of up to a maximum height of 50m”*

We would not consider this conclusion at all reasonable. In fact we suggest that because a height of 6+ storeys was indicated at specific areas of the plans for the Mountjoy and Phibsborough Village Centre sites, it was imperative to clarify that a mid-rise building up to 50m could also be considered for those particular areas of the sites. The wording used in the LAP in reference to the Mountjoy site is:

*“There may also be the opportunity for a landmark building of up to 50m. in the northwest quadrant of the Mountjoy site.”*

and in reference to the Phibsborough Village Centre site the wording is:

*“Potential also exists to develop the existing office tower at Phibsborough ..... an indicative maximum height of up to 50m”*

It will be noted that there is another area of the Mountjoy site indicated for development of 6+ storeys. No reference is made to a building of up to 50m at this location. Is Mr. Fallon suggesting that that location too is open to a building of up to 50m? We suggest not, because if it were, it would be specified just like the others.

So the point Mr. Fallon is trying to make is, we submit, erroneous. It would not, in the circumstances, be reasonable to conclude that a building of 6+ storeys would correspond with a building of up to 50m unless that was specifically stated to be the case.

Mr. Fallon then goes on to make another puzzling statement:

*“I would also like to point out that a building of 50m is referred to as not exceeding 16 storeys”*

Is Mr. Fallon trying to imply that the 74m high, 16 storey building we’re dealing with in this application could actually qualify as a 50m building?

We have referred earlier in this statement to the reference to 16 storeys at pg.55 of the LAP. It is presented in brackets indicating equivalency not ‘either/or’:

*“... Generally should not exceed [16 floors ] or 50m in height”*

The various attempts made by the applicant and by DCC to justify the height of the proposed development on the Mater site just do not stand up to scrutiny. The LAP specifies a maximum height of 50m for the Plan area at Key Objective LK3, which is worth repeating:

*“Ensure that proposed tall buildings create a visually and architecturally attractive contribution to the skyline, in terms of slenderness ratio (minimum 3:1) and height (maximum 50m)”*

It is perfectly reasonable to interpret the height indication of 12+ storeys at pg.75 as being higher than 12 storeys but lower than 16 storeys while still remaining within the 50m limit.

Surely the ordinary person’s interpretation of the height provisions in the LAP are not expected to be better informed than the very people who made the LAP in the first instance – the City Councillors. Following much discussion in 2008 the City Councillors voted to adopt the Phibsborough / Mountjoy LAP and interpreted it to allow for buildings of up to 50m. This interpretation was supported beyond doubt two years later when they were making the Dublin City Plan by their inclusion of Phibsborough in the mid-rise height category.

The City Councillors included Phibsborough in the mid-rise category at Par.17.6.2 which defines building heights in the city and specifically indicates a maximum height of 50m for mid-rise buildings. If buildings higher than 50m were permitted in the Phibsborough area its inclusion in the mid-rise category by the City Councillors would have been illogical.

## **OTHER RELEVANT MATTERS**

### **Conservation**

The BLEND submission addressed in detail how the proposed development breaches the various conservation provisions of the Dublin City Plan, the LAP and the Architectural Guidelines. The overwhelming scale of the proposed scheme and its impact on huge swathes of the city would be such that any proposal for UNESCO World Heritage Site designation would surely be fatally undermined.

We submit that the damaging scale of the proposed scheme is very obvious to all including the applicant and it is for this reason that an attempt is made to portray the scheme as somehow not part of the fabric of the city - of being removed from the city – we are to think of it as being ‘like a cloud’. The reality of course is that there is little ephemeral about it but much that is brutal. It is an extremely brash design which differs dramatically in scale, shape and form from the urban context into which it is being introduced – it is in fact a foreign form which intrudes on the urban landscape. This brash space-ship form is informed, not as should be the case, by the receiving environment, but by the requirement to accommodate a huge building on a tiny site to which it is fundamentally unsuited in planning terms.

We are aware that many of the observers are addressing the matter of Georgian Dublin being on the tentative list for designation with World Heritage Site status by UNESCO and the likelihood that that status would not be afforded Dublin in the event that the proposed development goes ahead.

We referred in our written submission to the likely negative impact of the proposed development on the O’Connell St. Architectural Conservation Area (‘ACA’). We would like to now refer to the likely impact of the proposed development on the potential designation of ACA status on several areas which would be directly affected by the proposed development. We refer to Phibsborough Centre, Great Western Square and Environs, Blessington Basin and Environs and Mountjoy Square which are all listed as potential ACAs in the Dublin City Plan. Under the Planning and Development Acts, 2000 to 2002, an architectural conservation area is defined as:

*“a place, area, group of structures or townscape which is of special architectural, historical, archaeological, artistic, cultural, scientific, social or technical interest or value, or contributes to the appreciation of protected structures, whose character it is an objective to preserve in a development plan.”*

So it is clear that the prime objective of the designation is the preservation of the character of a place, area, group of structures or townscape.

At Par.7.2.5.3 of the Dublin City Plan Policy FC39 states that it is the policy of DCC:

*“To designate Architectural Conservation Areas where the Planning Authority is of the opinion that its inclusion is necessary for the preservation of the character of an area”*

The visual intrusion of the proposed development on the areas listed above as potential ACAs would be overwhelming and would result in their character being destroyed rendering any assessment for ACA designation futile.

In relation to the importance of preserving the character of the city it is well too to remember Par.3.3.1.4 of the Core Strategy Strand 1 of the Dublin City Plan which states:

*“The city’s built heritage makes it unique. Key to the approach of this Plan is the balancing of the needs of a growing, dynamic city with the need to protect and conserve the elements that give the city its identity.”*

And Par.7.2.3 which relates to Challenges for the city and states:

*“The challenge for the next decade is to protect the unique character and qualities that characterise the city and create its attractiveness”*

It is very clear that if the proposed development were to proceed, the ensuing damage to the character of so many areas of the historic city would represent an abject failure to meet the challenge of protecting the unique character and qualities that characterise the city.

## **Environmental Considerations**

One of the elements of the proposed development that we have not had time to address properly is the treatment of the open spaces being provided. Long gone is the campus style development with public open space. The wide pedestrian north-south route through the centre of site that was envisaged in the LAP has become a narrow route by the side of the hospital shared by the public with service vehicles.

The landscaped public open spaces are now not located at ground level where they could be accessed by members of the public but are located instead at various locations from levels 6 to 9 and at levels 10 and 15 and external terraces are located at the eastern and western ends of levels 10 to 14. The DCC submission raises the issue of wind effects at higher levels. At pg.27 it states:

*“The potential effect of wind on proposed open spaces at higher levels is not studied.”*

We consider this to be a very significant issue in any assessment of the proposed development given our relatively high wind speeds averaging c.8 knots during the summer months rising to a high of 12.2 in January.

When the impact of the considerable additional height of the maternity hospital is considered it would seem likely that much more information should have been provided regarding the likelihood of strong localised wind and wind vortex effects creating a very unpleasant environment. This matter is of great significance considering that the open spaces for patients are being provided at varying roof levels where the wind speeds are likely to be stronger.

The environmental consequences of tall buildings vis-à-vis wind are significant. Studies by the Building Research Establishment found that wind speeds in areas with high buildings regularly exceeded those in areas with low buildings. We submit that this aspect of the proposed development has not been adequately addressed.

The difficulty and expense of maintaining landscaped open spaces at roof level is also problematic.

## **Alternatives**



Along with several other observers we highlighted the failure of the applicant to adequately assess alternative sites in the EIS.

We suggest that very significant flaws have occurred in the whole process with the fundamental failing being the total lack of anything approaching an adequate consideration of planning matters.

The reality is that no proper planning assessment was carried out on alternative sites and that the decision to locate the new Children's Hospital on the Mater site was taken without an adequate planning assessment. It is very evident that if even a cursory planning assessment were conducted the Mater site simply couldn't have been chosen due to one very simple fact – the site is too small. The required development does not fit on the site and the attempt to accommodate it on to the site results in a proposed scheme that is not fit for purpose in planning terms and, we understand may be deficient in medical terms also.

The Non Technical Summary of the EIS (July 2011) addresses the matter of alternatives on pg.5. It states:

*“The proposed development has been the subject of an authoritative, systematic and comprehensive consideration of alternatives that ranged from national and strategic considerations of medical policy all the way to the detailed considerations of alternative site layout and building design.”*

It is interesting to note that in planning terms the reference here is to the consideration of alternative approaches to the development of the Mater site. What is of significance is what happened prior to the selection of the Mater site i.e. during the “*all the way*” period. Based on our analysis of the reports we've read, the consideration of alternative sites was cursory to say the least. When one considers the apparently scant scrutiny of the site deemed to be the second strongest contender, St. James's, one would have to conclude that the consideration of alternative sites was negligible.

The Non-Technical Summary goes on to state at pg.5:

*“At each level alternatives were systematically and sequentially considered as appropriate, thus at a strategic, national policy level it was determined that Dublin was the appropriate location. Following Cabinet approval of this decision, sites were considered by the Joint Task Group within the region and the Mater site was selected. Once this site was selected and approved by the Cabinet 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 the process as considerations began to include spatially specific considerations.”*

If it is the case that at each level alternatives were systematically and sequentially considered we have not been made aware of them and have been unable to find evidence of such consideration in the documents presented with the application. We are interested in the last sentence relating to land-use, planning and environmental considerations becoming part of the process. We submit that the evidence we have would indicate that land-use, planning and environmental considerations were actually avoided. The absence of any semblance of serious planning input into the Joint Task Group decision to choose the Mater site is striking. The RKW Higher Framework Brief for a New National Paediatric Hospital for Ireland

commissioned by the HSE / Transition Group, which took almost a year to complete in Oct.2007, specifically states at pg.250:

*“Consultation with Town Planners is outside the remit of this Framework Brief”*

Likewise, the final report written on the new Children’s Hospital, the ‘Independent Review’ commissioned by the Minister for Health published in July 2011 also avoided addressing any planning matters.

We submit that the avoidance of the proper consideration of alternatives throughout the process was a major contributory factor to the deeply problematic proposal now before the Board.

## CONCLUSION

We ask An Bord Pleanala to consider in detail all of the issues raised in this statement as it is our strong view that it is blatantly obvious that in planning terms no site exists at this location for the new Children’s Hospital, not to mention the further development of a maternity hospital.

- We have shown the degree to which erroneous information provided by DCC led to the Mater Hospital response to the Brief issued by the Joint Task Group.
- We have shown how a lack of scrutiny of that same proposal lead to the Joint Task Group concluding that the site was big enough for a fifth hospital and sought clarification in that regard.
- We have shown how the decision of the Joint Task Group appears to have failed to examine the potential of the very significantly larger site at St. James’s Hospital and how they ultimately based their decision on two factors, one of which was the speed of project delivery regarding which it was stated by the Mater that the project would be substantially completed “*within four years*” i.e. 2010. The other factor had to do with medical adjacencies and appears to us to have unfairly disadvantaged the St. James’s Hospital site.
- We have shown how the proposed development utterly fails to comply with fundamental planning principles as they pertain to sustainable development and how it makes a mockery of the conservation policies of all relevant statutory documents.
- We submit in fact that we have shown that what has transpired at each stage of the process as it related to planning has been nothing more than a farce.

When one considers what’s at stake in this instance, the implications could hardly be more serious. We are dealing with the development of a National Children’s Hospital – this demands the utmost care. It is simply something we cannot afford to get wrong. What has occurred to date has been a shambles. A shambles that we understand in financial terms alone has already cost the taxpayer in the region of €29 million. To make matters even more outrageous it has been revealed at this hearing that the Children’s Hospital as proposed – grossly excessive as it is for this site – would be too small in 15 years.

This elevates the farce to a whole other level.

It is time to call a halt – and only An Bord Pleanála can call it.