

APPENDICES: CHAPTER 1 – INTRODUCTION

APPENDIX 1.1: CLINICAL CASE AND MODEL OF CARE

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

CLINICAL CASE AND MODEL OF CARE

Strategic Infrastructure Development Application
To An Bord Pleánala

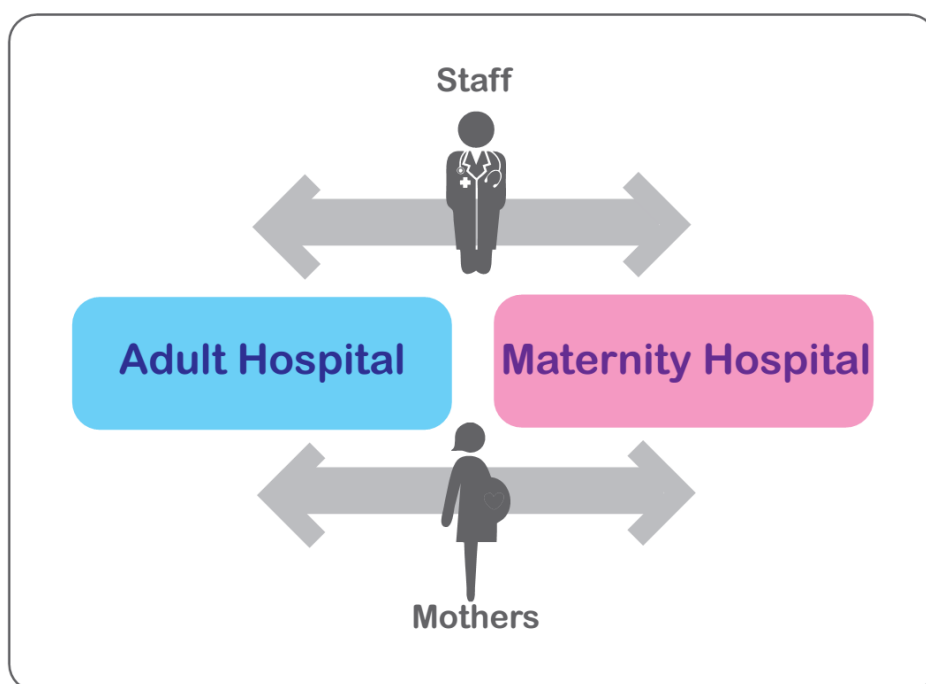
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1. General Introduction

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

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



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

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

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

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

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

This Model of Care paper will:

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

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

2.1. Existing National Maternity Hospital Facilities at Holles Street

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

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

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

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

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

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

facilities;

- Lack of ensuite toilet/shower facilities;

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

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

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

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

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

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

² ‘Report of inspections at the National Maternity Hospital, Holles Street, Dublin 2’, HIQA, February 2016 (Published date), p17.

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

Context

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

NMH is a national tertiary referral hospital. It is the only tertiary obstetric unit within IEHG. As a group, IEHG caters for circa 16,000 births per year, more than half of which are performed at NMH. NMH is also a major academic centre with both undergraduate and postgraduate training in midwifery, obstetrics and a variety of other disciplines. The hospital's primary affiliation is with University College Dublin, IEHG's academic partner, although there are additional links with the Royal College of Surgeons.

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

NMH to SVUH – Policy Context

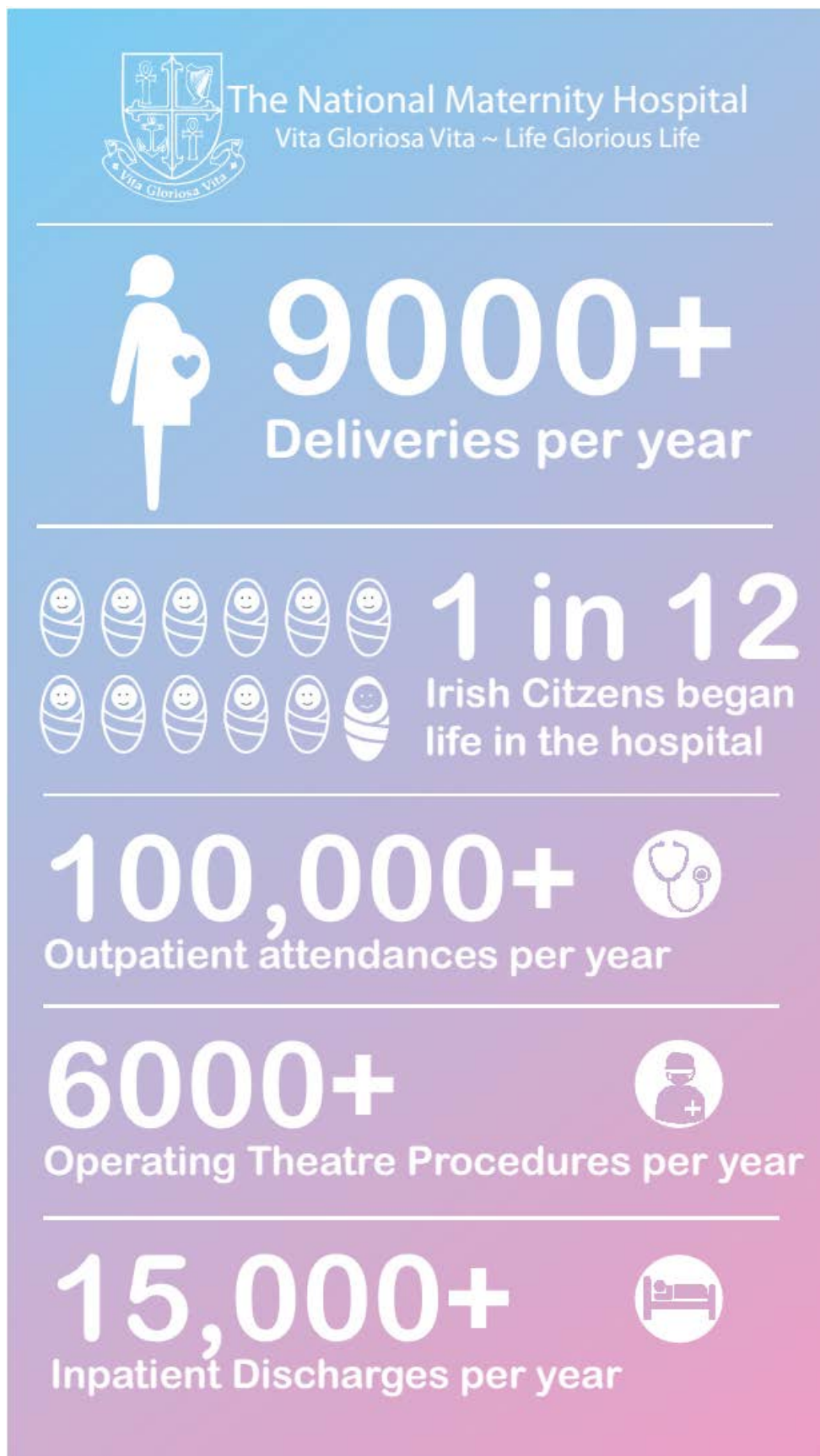
A number of national and international reports have recommended the colocation model which facilitates a modern campus approach to Healthcare where a range of medical entities operate in close proximity to increase the breadth and depth of healthcare services concentrated together. This policy is endorsed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

NMH to SVUH - Clinical Activity

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

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

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



Clinical Activity Overview Diagram

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Model of Care

3.1. Introduction

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

3.2. Definition of Model of Care

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

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

3.3. Requirement for a Model of Care

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

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

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

the operation of the new hospital on the SVHG campus.

3.4. Key Stakeholders

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

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

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

3.5. Philosophy and principles supporting NMH on the SVUH Campus

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

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

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

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

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

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

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

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

3.6. Patient Centred Care and Support

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

3.7. Relationship between the Model of Care for the new National Maternity Hospital with the National Maternity Strategy³, the National Paediatric Model of Care⁴ and the National Neonatal Model of Care.⁵

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

3.8. Cohorts of Patients treated by the National Maternity Hospital

The cohorts of patients treated by NMH are as follows:

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

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

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

3.10. Principles underpinning the model of care

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

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

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

⁴

<http://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/modelsofcare/ExecutiveSummaryfinaldraft.pdf>

⁵

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

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

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

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

3.11. Overall Vision for the new NMH

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

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

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

3.12. Overriding Principles

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

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

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

Gynaecology Services will be provided as follows:

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

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

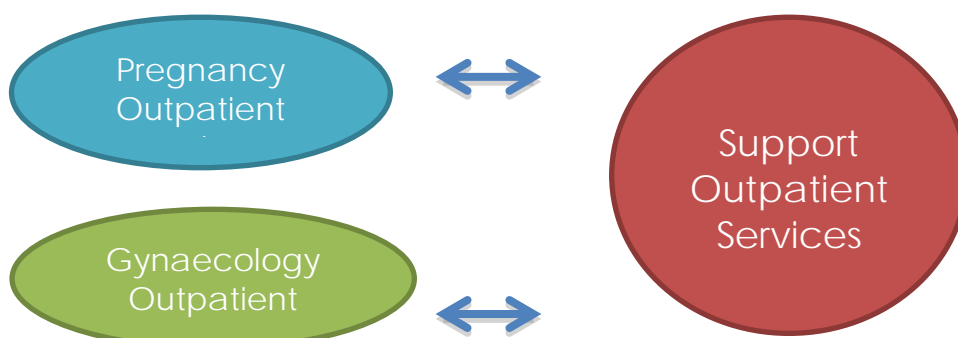
The gynaecological services provided will include

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

3.13. Outpatient Services – Planned (On site)

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

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



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

Pregnancy Outpatient services;

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

Antenatal Education services will be provided including:

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

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

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

Gynaecology Outpatient services

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

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

Supporting Outpatient services

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

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

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

3.14. Community Maternity Care

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

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

DOMINO (Domiciliary In and Out)

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

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

Early Transfer Home Scheme

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

Home births

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

Mixed Risk Clinic

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

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

3.15. Out-Patient Services – Unplanned/Emergency

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

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

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

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

3.16. In-Patient Care Principles

In-patient Care is provided in NMH as follows:

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

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

Antenatal Care

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

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

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

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

Labour and Delivery

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

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

Alongside Midwifery Unit

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

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

Postnatal Care

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

Operative Care

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

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

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

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

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

Inpatient Gynaecology Care

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

3.17. Neonatal Services at NMH

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

The new NMH NICU Department will meet the following criteria:

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

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

3.18. Education

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

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

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

3.19. Research

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

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

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

3.20. Conclusion:

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

APPENDIX 1.2: ENGAGEMENT PROCESS

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

ENGAGEMENT PROCESS

Strategic Infrastructure Development Application
To An Bord Pleanála

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1.1 Stakeholder Engagement

The following is a summary of stakeholders with whom the Project Team and the Design Team for the development of the National Maternity Hospital (NMH) at St. Vincent's University Hospital (SVUH) campus have engaged with to date:

- Statutory bodies
- External Non-Clinical Groups
- Local Residents
- Dublin City Council Local Area Councillors
- Boards of Management (NMH and SVHG)
- Clinical Staff
- Clinical Support Staff
- Non-clinical Staff
- Departmental User Group Consultation

A collated compendium of all stakeholder consultation and engagement undertaken as part of development of the NMH at SVUH is contained in Appendix A. A summary of the aforementioned engagement process is outlined below.


1.2 Summary of Public Engagement

The NMH SVUH Project Team, hereafter described as the 'Project Team', for the development of the NMH at SVUH is, and has been, mindful of the local residents and community in the neighbourhood of the campus and consultation has been undertaken with such residents during the design process of the new maternity hospital.


The Project Team arranged 3 nr. 'drop in' information sessions for residents and members of the local community, living within the vicinity of the SVUH Campus. In advance of each session, leaflets providing the time, date and location of same were distributed to over 7,000 homes and businesses in the locality of the campus – please refer to Appendix B which illustrates the distribution map for these leaflets and tracking evidence of the leaflet delivery.

These 3 nr. 'drop in' sessions were held in The Tara Towers Hotel, Merrion Road, Dublin 4 on the following dates:


- 18.00 – 20.00 Wednesday 30th September 2015
- 18.30 – 20.30 Thursday 12th November 2015
- 18.30 – 20.30 Monday 13th February 2017



**The National
Maternity
Hospital**
Vita Gloriosa Vita ~ Life Glorious Life



**St. Vincent's
Healthcare**
GROUP LIMITED



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

IMPORTANT INFORMATION

The re-development of The National Maternity Hospital at St Vincent's University Hospital Campus

The Design Team for the re-development of *The National Maternity Hospital at St Vincent's University Hospital Campus* were appointed in May 2014. Since then work has been underway on developing the design of the new hospital.

The Project Team would like to invite local residents and members of the community to a project information session for the new *National Maternity Hospital at St Vincent's University Hospital Campus*. Those attending will have an opportunity to gain an understanding of the project brief, view the concept design and provide feedback.

Members of the Design Team and Project Team will be available to meet with you and answer your questions about the development at the following time:

6.00pm - 8.00pm on Wednesday 30th September 2015

The venue is *The Ailesbury Suite, in The Tara Towers Hotel*, located on the Merrion Road, Dublin 4.

We look forward to meeting you on the evening.

The NMH to SVUH Project Team

Figure 1 – Public Information Session leaflet for 30.09.2015

Attendees at the sessions were given the opportunity to fill out a feedback form, were provided with a contact email address to express their views on the proposed development and were provided with 'take-away' FAQ information sheets. A sample of the documentation presented and provided at the sessions is provided for reference in Appendix C.



Figure 2 Public Information Session, 12.11.2015



Figures 3 & 4 - Public Information Session, 12.11.2015



Figure 5 - Public Information Session, 13.02.2017.

Local community groups were accorded the opportunity to request participation in dedicated engagement meetings with the Design Team. The Nutley Lane Residents Association group participated in such meetings on the 12th of November 2015 and the 13th of February 2017.

Following submission of the planning application, it is intended that an information letter will be delivered to local residents and businesses. It will provide the local community with details in respect of where the planning documents can be accessed by the public and the particulars regarding making observations on the application.

1.3 Summary of Engagement with Public Representatives

A number of engagement meetings have been held with public representatives during the design process of the development. The purpose of the meetings was to inform the elected representatives about the development, allow them to review the proposed design and to enable them to raise, both on their behalf and on the behalf of their constituents, questions or concerns directly with Design Team representatives.

Meetings/presentations with public representatives were held on the following dates:

- | | |
|-----------------------------------|---------------------------------------|
| ▪ Dublin City Council Councillors | Wednesday 19 th May 2015 |
| ▪ Minister of Health | Monday 7 th September 2015 |
| ▪ Dublin City Council Councillors | Friday 25 th November 2015 |
| ▪ Dublin City Council Councillors | Friday 24 th February 2017 |

It is anticipated that further engagement meetings will be held with public representatives as the project progresses.

1.4 Clinical/Non-Clinical User Group Consultation

1.4.1 Departmental User-group Consultation

The most significant element of the consultation process on the design scheme for the new maternity hospital has been the departmental user group consultation process undertaken with both the NMH and SVUH.

Engagement has been carried out with user groups for all key NMH, SVUH and shared service departments. Initially such engagement was concerned with determining the most appropriate location of each department within the overall development. Once this had

been agreed in the earlier stages of the project, consultation continued to ensure that:

- The functional operation of the department was supported by the design;
- The rooms within each department have the correct clinical and non-clinical adjacencies to achieve the requirements of the agreed NMH, SVUH or shared services operational policies;
- Staff, patient and visitors flows were fully considered with respect to access, facilities, servicing and delivery to and from each department;
- That the rooms within each department are sufficiently proportioned to ensure satisfactory function of the rooms and the department.

Please refer to Appendix A for a (*non-exhaustive*) schedule of the key departmental user consultations which have taken place on the development to date.

1.4.2 Standard Room Briefing Process

A series of sub-user group engagement meetings were held with senior hospital clinical representatives in order to develop detailed briefing documents, Room Information Sheets (RIS), for standard rooms within the development. The functionality, servicing, finishes and equipping of each room was examined as part of this process.

Following completion of the RIS, they were developed into Room Loaded Drawings (RLDs) by the Design Team. A further series of sub-user engagement meetings were held to facilitate sign-off of the RLDs for each of the identified standard rooms within the hospital.

1.4.3 In-patient room configuration review process

Hospital design which utilises single in-patient rooms affords a number of potential design solutions with respect to the configuration and arrangement of such in-patient rooms and their associated ensuites. In order to ensure that the patient cohorts of both the NMH and SVUH were catered for by the new hospital, a comprehensive engagement process was undertaken to determine the optimum in-patient room arrangements to be included in the design. As the patient cohort for the NMH and SVUH differs in acuity, a separate process was held for each hospital. For both hospitals the process comprised the following:

- A review of contemporary empirical evidence based research;
- Identification of a number of potentially suitable in-patient room arrangements;
- Construction of temporary mock-ups of the identified in-patient room arrangements;

- Visit of clinical, non-clinical and patient representatives to the completed mock-up rooms for review;
- Empirical review of mock-up rooms and identification of appropriate room arrangement for inclusion in the development.

The NMH mock-up room review visit occurred on the 15th of July 2015 and the SVUH visit was held on the 24th of November 2015.



Figure 6 & 7 – NMH Clinical and non-clinical staff visiting the Mock-up rooms on 15.07.2015

1.5 Benchmark Visits

A series of fact-finding visits were undertaken by the Design Team and clinical representatives to recent maternity hospital developments, both in Ireland and abroad. The purpose of such visits was to inform attendees of international best practice with respect to maternity hospital design and operation. Clinical representatives in the receiving hospitals made themselves available to facilitate the examination of both the built infrastructure and operational practice.

1.6 Staff Information Sessions



Figure 8 – NMH Staff Information Session held on 08.02.2017

Information sessions were held with clinical and non-clinical staff of both the NMH and SVUH hospitals. At the aforementioned sessions, staff were provided with an opportunity to be informed about the development, pose queries with respect to the proposed design solution for the new hospital.

Additionally, Informal 'drop-in' sessions were organised at a number of set times for staff on the SVUH campus.



Figure 9 – SVUH Staff Information Session held on 08.02.2017

Staff of St. Vincent's Private Hospital were also afforded a dedicated information session and they were also invited to attend the informal 'drop-in' sessions noted above.

1.7 Pre-Application Consultation

The proposed development is located in the Dublin City Council Local Authority jurisdiction and has been subject to a number of pre-planning meetings with the Dublin City Council Planning Department. Given the proximity of the proposed development to the boundary of the Dun Laoghaire Rathdown County Council jurisdiction, the Project Team has also engaged with them in this regard.

Furthermore, pre-application consultations in accordance with Section 37B(1) of the Act, as amended, have taken place with An Bord Pleanála. Table 1 overleaf provides a list of all such meeting and correspondence in chronological order.

Table 1 – Local Authority and An Bord Pleanála Pre-application Consultation

Date	Consulted party	Meeting Description
30.09.2014	DCC - Planning Department	Pre-Planning Meeting
01.10.2014	DCC - Planning Department	Pre-Planning Meeting
28.11.2014	DCC - Planning Department	Pre-Planning Meeting
01.12.2014	An Bord Pleanála	Pre-Planning Meeting
27.02.2015	Dublin Fire Brigade	Pre Fire Safety Certificate application review meeting
19.03.2015	An Bord Pleanála	Pre-Planning Meeting
24.03.2015	DCC - Planning Department	Pre-Planning Meeting
02.04.2015	DCC - Planning Department	Pre-Planning Meeting
27.04.2015	DCC - Area Manager	Presentation
09.06.2015	DCC - Traffic and Transport Department	Planning Meeting
25.09.2015	DCC	BER Modelling review meeting
01.10.2015	Dublin Fire Brigade	Pre Fire Safety Certificate application review meeting
05.10.2015	DCC - Planning Department	Planning Meeting
12.10.2015	DCC - Traffic and Transport Department	Pre-Planning & EIS scoping Meeting
12.10.2015	Dun Laoghaire Rathdown County Council	Pre-Planning Meeting & Presentation
21.10.2016	Dun Laoghaire Rathdown County Council - Transport Dept.	Pre-Planning Meeting - Transportation
09.11.2015	DCC - Archaeologist	Email Correspondence - Archaeological Impact
09.11.2015	DCC - Conservation Officer	Email Correspondence re. Conservation
18.11.2015	An Bord Pleanála	Pre-Planning Meeting
24.11.2015	DCC - Planning Department	Planning Meeting
07.12.2015	DCC - Drainage Department	Drainage strategy meeting
08-10.12.2015	DCC	Email Correspondence re. water supply, pressure etc.
15.12.2015	An Bord Pleanála	Pre-Planning Meeting
02.02.2016	DCC	Planning Meeting
15.04.2016	An Bord Pleanála	Pre-Planning Meeting - Design Development
12.01.2017	DCC - Planning Department	Planning Meeting - Final Pre-application Consultation
12.01.2017	DCC - Planning Department	Planning Meeting
25.01.2017	An Bord Pleanála	Pre-Planning Meeting - Project Update
07-08.02.2017	Dun Laoghaire Rathdown County Council - Transport Dept.	Letter Correspondence re. transportation

Written correspondence received from Dún Laoghaire-Rathdown County Council and the National Transport Authority (NTA) is included in Appendix E and F respectively.

Consultation meetings with other relevant statutory bodies, such as Dublin Fire Brigade, and public and private service utilities, e.g. ESB networks, have also been undertaken throughout the course of the design process for the development – refer to Appendix A for a record of such engagement.

1.8 Other Engagement

An architectural peer review of the proposed scheme design for the development, with external Design Professionals, was held on the 13th of November 2015. The purpose of the review was to allow external experts to critique and challenge the design of the development from an architectural perspective.

Appendix A: Stakeholder engagement meetings

1.2 Public Engagement		
Date	Consulted Party	Meeting Description
30.09.2015	Public Information Session	Open 'drop-in' Public Information Session
12.11.2015	Public Information Session	Open 'drop-in' Public Information Session
12.11.2015	Nutley Lane Residents' Association	Pre-application consultation
13.02.2017	Public Information Session	Open 'drop-in' Public Information Session
13.02.2017	Nutley Lane Residents' Association	Pre-application consultation

1.3 Public Representatives Engagement		
Date	Consulted Party	Meeting Description
19.05.2015	DCC - Area Councillors	Presentation
25.11.2015	DCC - Area Councillors	Presentation
24.02.2017	DCC - Area Councillors	Presentation

1.4 Clinical/Non Clinical User-group Consultation		
Date	Consulted Party	Meeting Description
2014		
12.05.2014	SVUH	Design Team Site familiarisation visit
04.06.2014	NMH	M&E Site Services Overview and Workshop
06.06.2014	NMH	Brief Study/Adjacency Review Workshop
10.06.2014	SVUH	Existing Estate Facilities Review Workshop
10.06.2014	SVUH/NMH	ICT Workshop
13.06.2014	NMH	Brief Study/Adjacency Review Workshop
18.06.2014	SVUH/NMH	ICT Workshop
19.06.2014	SVUH - Stores and Purchasing	Review Workshop/Existing Facilities Visit
19.06.2014	SVUH Medical Records	
20.06.2014	NMH	Brief Study/Adjacency Review Workshop
20.06.2014	SVUH	Existing fire escape routes site visit
23.06.2014	SVUH - Laboratories	Review Workshop/Existing Facilities Visit
24.06.2014	SVUH - Catering	Review Workshop/Existing Facilities Visit
03.07.2014	SVUH	M&E existing services visit - Neurology & Canteen
07.07.2015	SVUH/NMH	M&E review workshop
08.07.2014	SVUH - Waste Marshalling	Review Workshop/Existing Facilities Visit
08.07.2014	SVUH - Medical Records	Existing Facilities Visit
09.07.2014	SVUH/NMH	ICT Workshop
09.07.2014	SVUH - Dermatology	Review Workshop/Existing Facilities Visit
11.07.2014	NMH SVUH	Brief Review Meeting
16.07.2015	SVUH	SVUH Travel/Transport Introductory Meeting
16.07.2014	SVUH NMH	Laboratory Workshop
17.07.2014	SVUH	Site Survey Tender Review Meeting
23.07.2014	NMH/SVUH	Traffic and Transport Meeting
23.07.2014	NMH/SVUH	ICT Workshop
25.07.2014	SVUH	Site Survey Tenderer Visit
30.07.2014	SVUH - Dermatology	Dermatology Unit Brief review workshop
06.08.2015	SVUH - Laboratories	SVUH Laboratory site visit
07.08.2015	NMH - Anatomical Laboratory	NMH Anatomical Laboratory brief review
13.08.2014	SVUH - Operating Theatres	Existing Facilities Visit
15.08.2014	NMH SVUH	Brief Review Meeting
27.08.2014	NMH SVUH	Risk Workshop
29.08.2014	NMH SVUH	Brief Review Meeting
10.09.2014	NMH	NMH Traffic and Mobility Workshop
15.09.2014	NMH SVUH	Fire Safety Workshop
17.09.2014	SVUH	Operating Theatres, HSSD, Nutley Wing Visit
17.09.2014	NMH SVUH	Patient/Staff/Support Services Pathways Workshop
18.09.2014	NMH/SVUH - Laboratories	Review Meeting
19.09.2014	NMH SVUH	Design/Brief Review Meeting
29.09.2014	SVUH	Decant Facilities Review Meeting/Site Visit
01.10.2014	NMH - NICU/SCBU	Model of Care Review Meeting
01.10.2014	NMH SVUH	Design/Brief Review Meeting
10.10.2014	NMH SVUH Laboratories	Review Meeting
13.10.2015	SVUH NMH	Online and hardcopy Staff Travel & Transport survey commenced - concluded 21.10.2015
13.10.2015	SVUH NMH	Patient Travel & Transport Survey
14.10.2015	SVUH	Visitor Travel & Transport Survey
15.10.2015	NMH	Visitor Travel & Transport Survey
15.10.2014	SVUH	SVUH traffic count & external traffic survey
15.10.2014	SVPH	SVPH Consultation meeting
17.10.2014	SVUH NMH	Activity Flows Workshop
04.11.2014	ICT Infrastructure	Review Meeting
04.11.2014	Equipping	Workshop
05.11.2014	NMH SVUH Laboratories	Review Meeting
11.11.2014	ICT Infrastructure	Review Meeting
22.10.2014	NMH SVUH	Risk Workshop
08.12.2014	HSSD	Review Workshop/Existing Facilities Visit
18.12.2014	SVUH	Brief Review Workshop

Date	Consulted Party	Meeting Description
2015		
06.01.2015	NMH - Delivery Ward	Standard room - Sub-User Group Meeting
06.01.2015	NMH - In-patient accommodation and Utilities	Standard room - Sub-User Group Meeting
07.01.2015	NMH - APDCC Examination Consultation/Examination	Standard room - Sub-User Group Meeting
07.01.2015	NMH - Administrative Facilities	Standard room - Sub-User Group Meeting
07.01.2015	NMH - Ultrasound Facilities	Standard room - Sub-User Group Meeting
08.01.2015	NMH - Operating Theatres	Standard room - Sub-User Group Meeting
09.01.2015	NMH- NICU/SCBU	Standard room - Sub-User Group Meeting
12.01.2015	NMH - Gynaecology Out-Patient Department	Standard room - Sub-User Group Meeting
14.01.2015	NMH SVUH	User group briefing workshop
20.01.2015	NMH SVUH - Laboratories	User Group Meeting
21.01.2015	NMH - Delivery Ward	User Group Meeting
21.01.2015	NMH SVUH	Survey Output Review Meeting
23.01.2015	NMH - Antenatal In-patient Accommodation	User Group Meeting
23.01.2015	NMH - Postnatal In-patient Accommodation	User Group Meeting
23.01.2015	NMH - Pregnancy Day Care Facility	User Group Meeting
23.01.2015	NMH SVUH - Radiology	User Group Meeting
26.01.2015	NMH - Staff changing	User Group Meeting
26.01.2015	NMH SVUH - Theatre Suite/HDU	User Group Meeting
27.01.2015	NMH - APDCC	User Group Meeting
27.01.2015	NMH - Ultrasound	User Group Meeting
28.01.2015	NMH - Gynae Ward	User Group Meeting
28.01.2015	NMH - Gynae OPD	User Group Meeting
28.01.2015	SVUH - SVUH Standard Wards 1&2	User Group Meeting
28.01.2015	NMH SVUH - Public Realm	User Group Meeting
29.01.2015	NMH - Education/Meeting Facilities	User Group Meeting
29.01.2015	NMH SVUH - Engineering and Maintenance	User Group Meeting
30.01.2015	NMH - Main Entrance	User Group Meeting
30.01.2015	NMH - EMT & Support	User Group Meeting
30.01.2015	NMH - General Admin	User Group Meeting
30.01.2015	NMH - Clinical Engineering	User Group Meeting
30.01.2015	NMH - Emergency & EPAU	User Group Meeting
30.01.2015	NMH - Bereavement Suite	User Group Meeting
02.02.2015	NMH SVUH - ICT Infrastructure	User Group Meeting
02.02.2015	NMH SVUH - Household Services	User Group Meeting
02.02.2015	NMH - Security, Portering & Switchboard	User Group Meeting
03.02.2015	NMH SVUH	Logistics Workshop
03.02.2015	NMH - NICU	User Group Meeting
03.02.2015	NMH - NMH Pharmacy	User Group Meeting
04.02.2015	NMH - Allied Health	User Group Meeting
05.02.2015	NMH SVUH - Enabling Works	User Group Meeting
10.02.2015	NMH SVUH - Purchasing	User Group Meeting
10.02.2015	NMH SVUH - Waste Marshalling	User Group Meeting
10.02.2015	NMH SVUH - Catering	User Group Meeting
15.02.2015	NMH SVUH	User Group Presentation
03.03.2015	NMH SVUH	Vertical Transportation Workshop
09.03.2015	NMH- NMH Pharmacy	User Group Meeting
09.03.2015	NMH SVUH - Theatre Suite/HDU	User Group Meeting
09.03.2015	NMH - Ante & Post Natal Wards	User Group Meeting
10.03.2015	NMH - Emergency & EPAU	User Group Meeting
10.03.2015	NMH - Bereavement	User Group Meeting
10.03.2015	NMH - APDCC	User Group Meeting
10.03.2015	NMH - NICU & Clinical Engineering	User Group Meeting
11.03.2015	NMH SVUH - ICT Facilities	User Group Meeting
11.03.2015	SVUH - Dermatology	User Group Meeting
11.03.2015	NMH SVUH - Enabling Works	User Group Meeting
13.03.2015	NMH - Gynae Ward & OPD	User Group Meeting
18.03.2015	SVUH - SVUH Standard Wards 1&2	User Group Meeting
18.03.2015	NMH SVUH - Engineering & Maintenance	User Group Meeting
18.03.2015	NMH - Birthing Suites	User Group Meeting
24.03.2015	NMH SVUH - ICT Infrastructure	User Group Meeting
25.03.2015	SVUH - HSSD	User Group Meeting
25.03.2015	NMH - Merriion Fertility Clinic	Site Visit
25.03.2015	NMH SVUH - HSSD	User Group Meeting
27.03.2015	NMH SVUH - Purchasing & Stores	User Group Meeting
27.03.2015	SVUH - Waste Marshalling	User Group Meeting
27.03.2015	SVUH - Catering	User Group Meeting
30.03.2015	NMH SVUH - Laboratories	User Group Meeting
31.03.2015	NMH SVUH - ICT Infrastructure	User Group Meeting
27.03.2015	NMH	In-patient room arrangement Presentation
13.04.2015	NMH SVUH	BREEAM Workshop
15.04.2015	NMH	User Group Presentation
15.04.2015	SVUH	User Group Presentation
20.04.2015	NMH SVUH - Engineering & Maintenance	User Group Meeting
21.04.2015	NMH - Emergency/EPAU/Ultrasound	User Group Meeting

Date	Consulted Party	Meeting Description
23.04.2015	SVUH - SVUH Standard Wards 1&2	User Group Meeting
24.04.2015	NMH - Education Facilities	User Group Meeting
27.04.2015	NMH - Bereavement Suite	User Group Meeting
27.04.2015	NMH - Antenatal & Postnatal In-Patient Accommodation	User Group Meeting
27.04.2015	NMH - Gynaecology Out-patient Department/In-Patient Accommodation	User Group Meeting
29.04.2015	NMH - Delivery Ward	User Group Meeting
29.04.2015	NMH - Medical Records (NMH)	User Group Meeting
05.05.2015	NMH SVUH - Operating Theatres	User Group Meeting
05.05.2015	NMH - Ambulatory Pregnancy Daycare Centre	User Group Meeting
06.05.2015	NMH - Administration & Support Facilities	User Group Meeting
06.05.2015	NMH - Finance Department (NMH)	User Group Meeting
06.05.2015	NMH - NICU/SCBU	User Group Meeting
06.05.2015	NMH - Clinical Engineering	User Group Meeting
19.05.2015	NMH - Medical Records (NMH)	User Group Meeting
21.05.2015	NMH SVUH - Radiology	User Group Meeting
10.06.2015	NMH	NMH User Group Presentation
07.07.2015	SVUH Design Workshop Meeting No. 1	
09.07.2015	SVUH Design Workshop Meeting No. 2	
15.07.2015	NMH	Mock up room Site Inspection
16.07.2015	Ireland East representatives	Site Capacity Review Meeting
17.07.2015	SVUH Site Capacity Review Meeting	
17.07.2015	SVUH NMH - HSSD	User Group Meeting
17.07.2015	Mock up room Hand Over meeting	
22.07.2015	SVUH - Dermatology Unit	User Group Meeting
22.07.2015	NMH	Mock up room post construction review
30.07.2015	SVUH Traffic and Parking Workshop	
05.08.2015	Aspergillus Protection Strategy Meeting	
05.08.2015	NMH	NMH In-patient room arrangement workshop
05.08.2015	HSSD	User Group Meeting
10.08.2015	Site walk around to review Aspergillus protection	
11.08.2015	HSSD	User Group Meeting
13.08.2015	NMH	Standard Room - Sub-user group review meeting
17.08.2015	SVUH	Campus Capacity Review meeting
18.08.2015	HSSD	User Group Meeting
18.08.2015	SVUH	SVUH In-patient room arrangement workshop
20.08.2015	SVUH Traffic and Parking Workshop	
24.08.2015	SVUH Traffic and Parking Workshop	
24.08.2015	SVUH - Laboratory Dept.	User Group Meeting
25.08.2015	NMH & SVUH - Waste Management	User Group Meeting
25.08.2015	NMH & SVUH - Purchasing and Stores	User Group Meeting
25.08.2015	NMH & SVUH - Catering Kitchen & Canteen	User Group Meeting
25.08.2015	SVUH Dermatology Unit	User Group Meeting
02.09.2015	NMH - Antenatal Ward	User Group Meeting - Operational Policy review
02.09.2015	NMH - APDCC - Clinics	User Group Meeting - Operational Policy review
02.09.2015	NMH - Community Midwives	User Group Meeting - Operational Policy review
02.09.2015	NMH - Gynaecology In-patient Ward	User Group Meeting - Operational Policy review
02.09.2015	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
07.09.2015	Minister for Health	Project Presentation
08.09.2015	NMH - Education Dept	User Group Meeting - Operational Policy review
08.09.2015	NMH - Perinatal Mental Health Dept.	User Group Meeting - Operational Policy review
08.09.2015	NMH - NICU/SCBU Dept.	User Group Meeting - Operational Policy review
08.09.2015	SVUH	Aspergillus Protection Strategy Meeting
08.09.2015	NMH - Nursing Admin Dept.	User Group Meeting - Operational Policy review
08.09.2015	NMH - Ultrasound and EPAU Depts.	User Group Meeting - Operational Policy review
09.09.2015	NMH - Postnatal In-patient Accommodation	User Group Meeting - Operational Policy review
09.09.2015	NMH - Parent Education Dept.	User Group Meeting - Operational Policy review
09.09.2015	NMH - Medical Social Work Dept.	User Group Meeting - Operational Policy review
14.09.2015	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
14.09.2015	NMH	User Group project presentation
15.09.2015	NMH - Gynaecology Out-patient Dept.	User Group Meeting - Operational Policy review
22.09.2015	NMH - Bereavement Dept	User Group Meeting - Operational Policy review
22.09.2015	SVUH	Aspergillus Protection Strategy Meeting
25.09.2015	SVUH	Site Survey Review Meeting
07.10.2015	NMH - APDCC - Clinics	User Group Meeting - Operational Policy review
07.10.2015	SVUH	Site Survey Review Meeting
09.10.2015	NMH - Physiotherapy Dept.	User Group Meeting - Operational Policy review
12.10.2015	NMH - Parent Education Dept.	User Group Meeting - Operational Policy review
12.10.2015	SVUH	Aspergillus Protection Strategy Meeting
21.10.2015	NMH - Medical Social Work Dept.	User Group Meeting - Operational Policy review
21.10.2015	NMH - Community Midwives	User Group Meeting - Operational Policy review
21.10.2015	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
21.10.2015	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
28.10.2015	NMH - Gynaecology In-patient Ward	User Group Meeting - Operational Policy review
29.10.2015	NMH - Ultrasound and EPAU Depts.	User Group Meeting - Operational Policy review

Date	Consulted Party	Meeting Description
30.10.2015	NMH - Postnatal In-patient Accommodation	User Group Meeting - Operational Policy review
30.10.2015	NMH - Gynaecology Out-patient Dept.	User Group Meeting - Operational Policy review
30.10.2015	NMH - Antenatal Ward	User Group Meeting - Operational Policy review
30.10.2015	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
02.11.2015	SVUH	Enabling Works Review Meeting
03.11.2015	NMH - Gynaecology Out-patient Dept.	User Group Meeting - Operational Policy review
04.11.2015	NMH - Postnatal In-patient Accommodation	User Group Meeting - Operational Policy review
04.11.2015	NMH - Gynaecology In-patient Ward	User Group Meeting - Operational Policy review
04.11.2015	NMH - Bereavement Dept	User Group Meeting - Operational Policy review
09.11.2015	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
10.11.2015	NMH - Physiotherapy Dept.	User Group Meeting - Operational Policy review
11.11.2015	NMH - Medical Social Work Dept.	User Group Meeting - Operational Policy review
12.11.2015	NMH - Antenatal Ward	User Group Meeting - Operational Policy review
12.11.2015	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
12.11.2015	NMH - NICU/SCBU Dept.	User Group Meeting - Operational Policy review
13.11.2015	NMH - Education Dept	User Group Meeting - Operational Policy review
17.11.2015	SVUH	Aspergillus Protection Strategy Meeting
23.11.2015	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
24.11.2015	SVUH	Mock up room Site Inspection
25.11.2015	NMH - Community Midwives	User Group Meeting - Operational Policy review
26.11.2015	NMH - Postnatal In-patient Accommodation	User Group Meeting - Operational Policy review
26.11.2015	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
26.11.2015	NMH - Antenatal Ward	User Group Meeting - Operational Policy review
30.11.2015	NMH - NICU/SCBU Dept.	User Group Meeting - Operational Policy review
30.11.2015	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
07.12.2015	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
09.12.2015	NMH - Education Dept	User Group Meeting - Operational Policy review
2016		
18.01.2016	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
18.01.2016	NMH - NICU/SCBU Dept.	User Group Meeting - Operational Policy review
19.01.2016	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
20.01.2016	NMH	Staff Presentation
20.01.2016	SVUH	Staff Presentation
20.01.2016	NMH - APDCC - Clinics	User Group Meeting - Operational Policy review
25.01.2016	NMH - Operating Theatre Dept	User Group Meeting - Operational Policy review
12.11.2016	NMH - Antenatal Ward	User Group Meeting - Operational Policy review
17.02.2016	NMH - Bereavement Dept	User Group Meeting - Operational Policy review
23.02.2016	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
19.01.2016	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
08.02.2016	NMH	MN-CMS ICT System information meeting
11.02.2016	SVUH	Aspergillus Protection Strategy Meeting
07.03.2016	NMH - Operating Theatre Dept	User-Group Meeting
14.03.2016	NMH - NICU/SCBU Dept.	User Group Meeting - Operational Policy review
15.03.2016	NMH - Cleaning Services Department	User Group Meeting - Operational Policy review
16.03.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
22.03.2016	NMH - Catering Dept	User Group Meeting - Operational Policy review
23.03.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
23.03.2016	NMH - Birthing Suite Dept.	User Group Meeting
23.03.2016	NMH - Birthing Suite Dept.	User Group Meeting - Operational Policy review
29.03.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
13.04.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
20.04.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
21.04.2016	NMH - Catering Dept	User Group Meeting - Operational Policy review
27.04.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
03.05.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
13.05.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
24.05.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
30.05.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
08.06.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
22.06.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
24.06.2016	NMH	User-Group Meeting - Equipping
04.07.2016	NMH - Standard Room User-group	User-Group Meeting - Room Loaded Drawing review
12.07.2016	NMH	Equipping Stream Meeting - Operating Theatres
12.07.2016	NMH - Operating Theatre Dept	User-Group Meeting - Equipping
14.07.2016	NMH	User-Group Meeting - Room Loaded Drawing review
18.08.2016	NMH - NICU/SCBU Dept.	User-Group Meeting - Equipping
2017		
16.01.2017	NMH - Information and Planning Group	Workshop
17.01.2017	NMH SVUH - Enabling Works	Workshop
23.01.2017	SVUH/NMH	ICT Workshop
26.01.2017	Aspergillus Protection Strategy Meeting	Workshop
26.01.2017	NMH SVUH - MSCP	Workshop
26.01.2017	Aspergillus Protection Strategy Meeting	Workshop
30.01.2017	NMH - Information and Planning Group	Workshop
01.02.2017	NMH	ICT Workshop

Date	Consulted Party	Meeting Description
02.02.2017	NMH SVUH - MSCP	Workshop
14.02.2017	SVUH	ICT Workshop

1.5 Benchmark Visits

Date	Consulted Party	Meeting Description
22.05.2014	Benchmark Visit	Critical Care Unit, Mid-Western Regional Hospital, Limerick
03.06.2014	Benchmark Visit	St Mary's Women's Hospital, Manchester
04.06.2014	Benchmark Visit	Queen Elizabeth Hospital, Birmingham
31.07.2014	Benchmark Visit	Cork University Maternity Hospital
01.09.2014	Benchmark Visit	Akershus University Hospital & Drammen Hospital
02.09.2014	Benchmark Visit	Oslo University Hospital & Rikshospital
17.09.2014	Benchmark Visit	Intensive Care Unit, OLCB Crumlin
17.11.2014	Benchmark Visit	Mater Misericordiae Hospital
16.01.2015	Benchmark Visit	Mater Misericordiae Hospital
30.04.2015	Benchmark Visit	North Western Hospital, Edenderry
01.05.2015	Benchmark Visit	Royal Maternity Hospital, Belfast
04.02.2016	Benchmark Visit	St. Vincent's Private Hospital, In-patient Wards
24.02.2016	Benchmark Visit	Mater Misericordiae Hospital
20.05.2016	Benchmark Visit	Wexford General Hospital, Delivery and OT Depts
15.11.2016	Benchmark Visit	St. James's Hospital, Pharmacy Dept

1.6 Hospital Staff Information Sessions

Date	Consulted Party	Meeting Description
02.09.2015	NMH	Project Presentation to NMH Board
24.09.2015	NMH - staff	Project Presentation to Staff
24.09.2015	SVUH - staff	Project Presentation to Staff
25.09.2015	NMH - staff - morning shift	Project Presentation to Staff
25.09.2015	NMH - staff - afternoon shift	Project Presentation to Staff
25.09.2015	SVUH - staff	Project Presentation to Staff
28.09.2015	SVUH - staff - morning shift	Project Presentation to Staff
28.09.2015	SVUH - staff - afternoon shift	Project Presentation to Staff
01.10.2015	NMH - staff	Project Presentation to Staff
08.02.2017	NMH - staff - Night shift	Project Presentation to Staff
08.02.2017	NMH - staff - Morning shift	Project Presentation to Staff
08.02.2017	NMH - staff - Evening shift	Project Presentation to Staff
08.02.2017	SVUH - staff - Night & Morning shift	Project Presentation to Staff
08.02.2017	SVUH - staff - Morning & Afternoon shift	Project Presentation to Staff
09.02.2017	SVUH and SVPH - staff	Open drop in session for Staff
09.02.2017	SVUH and SVPH - staff	Open drop in session for Staff
10.02.2017	SVPH - staff	Project Presentation to Staff
13.02.2017	SVUH and SVPH - staff	Open drop in session for Staff
13.02.2017	SVUH and SVPH - staff	Open drop in session for Staff
14.02.2017	SVUH and SVPH - staff	Open drop in session for Staff

1.7 Pre-Application Engagement with Public/Statutory Bodies/Local Representatives/Service Utilities

Date	Consulted Party	Meeting Description
Dublin City Council (DCC)		
30.09.2014	DCC - Planning Department	Pre-Planning Meeting
01.10.2014	DCC - Planning Department	Pre-Planning Meeting
28.11.2014	DCC - Planning Department	Pre-Planning Meeting
24.03.2015	DCC - Planning Department	Pre-Planning Meeting
02.04.2015	DCC - Planning Department	Pre-Planning Meeting
27.04.2015	DCC - Area Manager	Presentation
09.06.2015	DCC - Traffic and Transport Department	Planning Meeting
25.09.2015	DCC	BER Modelling review meeting
05.10.2015	DCC - Planning Department	Pre-Planning Meeting
12.10.2015	DCC - Traffic and Transport Department	Planning & EIS scoping Meeting
09.11.2015	DCC - Archaeologist	Email Correspondence - Archaeological Impact
09.11.2015	DCC - Conservation Officer	Email Correspondence re. Conservation
24.11.2015	DCC - Planning Department	Planning Meeting
07.12.2015	DCC - Drainage Department	Drainage strategy meeting
08-10.12.2015	DCC	Email Correspondence re. water supply, pressure etc.
02.02.2016	DCC	Pre-Planning Meeting
12.01.2017	DCC - Planning Department	Pre-Planning Meeting - Final Pre-application Consultation
12.01.2017	DCC - Planning Department	Pre-Planning Meeting
An Bord Pleanála		
01.12.2014	An Bord Pleanála	Pre-Planning Meeting
19.03.2015	An Bord Pleanála	Pre-Planning Meeting
18.11.2015	An Bord Pleanála	Pre-Planning Meeting
15.12.2015	An Bord Pleanála	Pre-Planning Meeting
15.04.2016	An Bord Pleanála	Pre-Planning Meeting - Design Development
25.01.2017	An Bord Pleanála	Pre-Planning Meeting - Project Update

Dun Laoghaire Rathdown County Council		
Date	Consulted Party	Meeting Description
12.10.2015	Dun Laoghaire Rathdown County Council	Pre-Planning Meeting & Presentation
21.10.2016	Dun Laoghaire Rathdown County Council - Transport Dept.	Pre-Planning Meeting - Transportation
07-08.02.2017	Dun Laoghaire Rathdown County Council - Transport Dept.	Letter Correspondence re. transportation
Dublin Fire Brigade		
27.02.2015	Dublin Fire Brigade	Pre Fire Safety Certificate application review meeting
01.10.2015	Dublin Fire Brigade	Pre Fire Safety Certificate application review meeting
National Transport Authority (NRA)		
03.12.2015	National Transport Authority	Transport strategy meeting
08.01.2017	National Transport Authority	Email Correspondence re. transportation
Public Utilities		
20.08.2014	ESB Networks	Site Visit and review of existing SVUH campus site services capacity
04.11.2014	ESB Networks	Review of existing and available SVUH campus site services capacity
12.05.2015	Gas Networks Ireland	Development scheme review meeting
22.05.2015	Gas Networks Ireland	Site Visit
08-10.12.2015	Irish Water	Email Correspondence re. water supply, pressure etc.
19.01.2017	Irish Water	Email Correspondence
24.01.2017	ESB Networks	Letter Correspondence - Project update
31.01.2017	ESB Networks	Teleconference
BOC (Private Gas Utility)		
09.04.2015	SVUH NMH BOC	Medical Gases Services Meeting
Architectural Peer Review		
13.11.2015	Architectural Discipline Peer Design Review meeting	Presentation and external expert peer design review

Appendix B: Public Information Session - Leaflet Distribution

In advance of each of the 3 nr. Public Information Sessions 7,000 leaflets were delivered within the catchment area shown in Figure 10 below. In order to ensure that leaflets were delivered to all streets within the catchment area, all delivery staff were tracked. Figure 11 illustrates tracking map for the delivery of leaflets prior to the Public Information Session held on 13.02.2017.

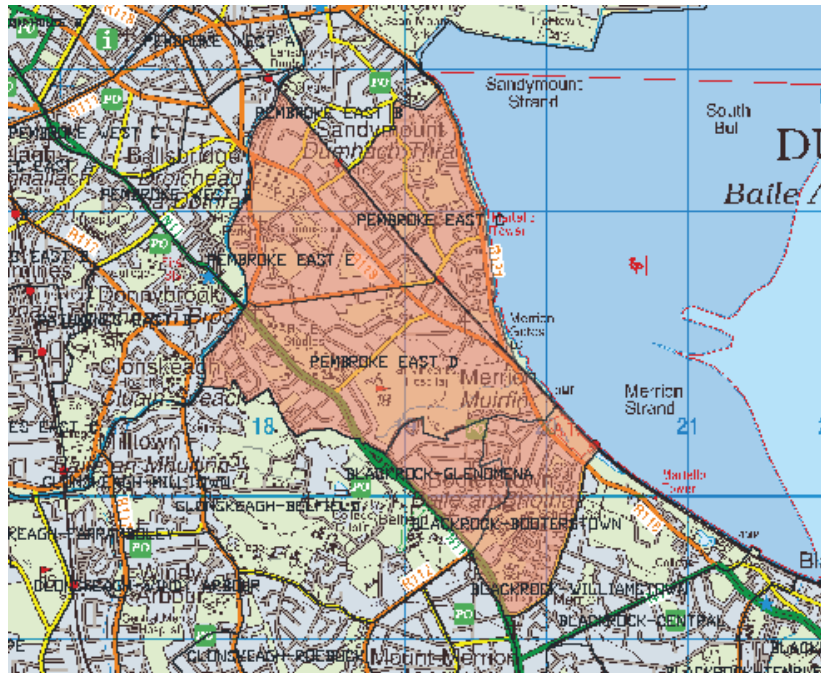


Figure 10 – Public Information Session Leaflet Distribution catchment area.



Figure 11 - Public Information Session Leaflet Distribution catchment area.

In addition to tracking delivery staff, spot checks (also described as back checks) were carried out on specific streets to demonstrate that leaflets had been delivered as required. The spot checks for the delivery in advance of Public Information Session held on 13.02.2017 are shown in Figures 12, 13 and 14. A sample spot check for the first Public Information Session held on 30.09.2015 is shown in Figure 15.

BACK CHECK SHEET													
DISTRIBUTION AGENT			ID NAME			MAP CODE:							
Rard			LEAFLET	1	St Vincents								
WEEK COMMENCE DATE			LEAFLET	2		DATE CHECKED:			4.02.2017				
4.02.17			LEAFLET	3									
DELIVERY DATE			LEAFLET	4		ZONE:			Dublin				
4.02.17			LEAFLET	5									
			LEAFLET	6									
NO	NUMBER	ROAD / STREET	1	2	3	4	5	6	Tracker No	COMMENT			
1	23	Doonbrook Manor	✓										
2	91	Pembroke Cottages	✓										
3	79	Shrensbury Rd	✓										
4	27	Shrekobry	✓										
5	10A	Oaklands Drive	✓										
6	115	Ballsbridge Park	✓										
7	81	Boo Road	✓										
8	40	Gilford Road	✓										
9	29	Park Court	✓										
10	81	Sandymount Ave	✓										
11													
12													
13													
14													
CHECKED BY			DATE:			SENT TO CLIENT							

Figure 12 – Spot Checks for Leaflet Drop, 04.02.2017

BACK CHECK SHEET

DISTRIBUTION AGENT		ID NAME		MAP CODE:	
Kardol		1 St Vincent		DATE CHECKED: 4-2-17	
WEEK COMMENCE DATE		2		ZONE: DH-E	
DELIVERY DATE		3			
		4			
		5			
		6			

NO	NUMBER	ROAD / STREET	1	2	3	4	5	6	Tracker No	COMMENT
1	20	St Johns Road	✓							
2	5	Mentyn Road	✓							
3	28	Mentyn park	✓							
4	86	St Albans park	✓							
5	24	Ailsbury Road	✓							
6	25	Nursing Road	✓							
7	62	Beech Hill Drive	✓							
8	19A	Greenfield park	✓							
9	25	The Elms	✓							
10										
11										
12										
13										
14										

CHECKED BY	DATE	SENT TO CLIENT
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Figure 13 - Spot Checks for Leaflet Drop, 04.02.2017

BACK CHECK SHEET

DISTRIBUTION AGENT		ID NAME		MAP CODE:	
Kardol		1 St Vincents		DATE CHECKED: 4.02.17	
WEEK COMMENCE DATE		2		ZONE: Blackrock	
4.02.17		3			
DELIVERY DATE		4			
4.02.17		5			
		6			

NO	NUMBER	ROAD / STREET	1	2	3	4	5	6	Tracker No	COMMENT
1	62	Fosterbrook	✓							
2	41	Saint Helen's Road	✓							
3	42	Woodbine Road	✓							
4	14	Seafield Crescent	✓							
5	44	Rosemount Court	✓							
6	5	Hampton Park	✓							
7	39	Castle Court	✓							
8	42	Dordan Park	✓							
9	44	Trimleston Gardens	✓							
10	55	Glenamena Park	✓							
11										
12										
13										
14										

CHECKED BY	DATE	SENT TO CLIENT
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Figure 14 - Spot Checks for Leaflet Drop, 04.02.2017

BACK CHECK SHEET

DISTRIBUTION AGENT

Ramones

WEEK COMMENCE DATE

DELIVERY DATE

26/9/15

ID NAME

St Vincent's

MAP CODE:

D4 E

DATE CHECKED: 26/9/15

ZONE:


LEAFLET	1	
LEAFLET	2	
LEAFLET	3	
LEAFLET	4	
LEAFLET	5	
LEAFLET	6	


NO	NUMBER	ROAD / STREET	1	2	3	4	5	6	Tracker No	COMMENT
1	6	Nutley Park	✓							
2	12	Greenfield Park	✓							
3	4	" Cres	✓							
4	15	Airfield Park	✓							
5	3	" Court	✓							
6	19	The Court	✓							
7	10	Nutley Ave	✓							
8	8	Nutley Road	✓							
9	26	Elm Park	✓							
10	37	Alesbury on	✓							
11	14	" Grove	✓							
12	7	Merlyn Park	✓							
13	11	" Drive	✓							
14	2	" Road	✓							
CHECKED BY			DATE			SENT TO CLIENT				

Figure 15 - Spot Checks for Leaflet Drop, 26.09.2017

Appendix C: Public Information Session – Sample Documentation

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





1 in 12 Irish Citizens will begin life in The National Maternity Hospital

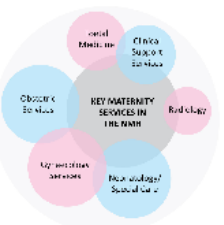
What?

The development of the National Maternity Hospital at St Vincent's University Hospital Campus will provide the highest standard of care for women and babies of the Greater Dublin Area and surrounds. The development of the new maternity hospital will ensure that women and newborn infants are cared for in an environment that allows for the most efficient and modern delivery of clinical services.

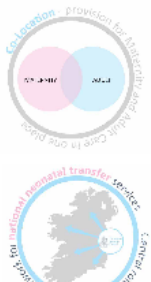
Why?

The development of a new maternity hospital at St Vincent's University Hospital Campus will ensure that women and newborn infants are cared for in an environment that allows for the most efficient and modern delivery of clinical services.

"Our vision is to create an environment which facilitates clinical excellence so that women and infants attending the NMH receive the highest standard of care"




**The National Maternity Hospital
Holles Street**



**St Vincent's University Hospital
Elm Park**

The National Maternity Hospital, located on the site of the former St Vincent's Hospital, will provide the highest standard of care for women and babies of the Greater Dublin Area and surrounds. The development of the new maternity hospital will ensure that women and newborn infants are cared for in an environment that allows for the most efficient and modern delivery of clinical services.



St Vincent's University Hospital, located on the site of the former St Vincent's Hospital, will provide the highest standard of care for women and babies of the Greater Dublin Area and surrounds. The development of the new maternity hospital will ensure that women and newborn infants are cared for in an environment that allows for the most efficient and modern delivery of clinical services.




Figure 16 - Sample information board displayed. From Public Information Session held on 30.09.2015

Your Questions:

The proposed new national maternity hospital

Q. Why is the new hospital needed?

A. The new maternity hospital is required in order to support the continued provision of clinical care of the highest level to the mothers and babies of the Greater Dublin Area and surrounds. The development of the new maternity hospital will ensure that women and newborn infants are cared for in an environment that allows for the most efficient and modern delivery of clinical services.

Q. Where will the new maternity hospital be located on the SVUH campus?

A. The development will be located directly adjacent to the existing SVUH Clinical Services Building on the campus.

Q. Whom will the new hospital benefit?

A. The NMH development will benefit the mothers and babies of the Greater Dublin area, its surrounds and as a national tertiary referral centre will also serve a relatively small number of women and babies from around the country. Additionally, the upgrades to a number of SVUH clinical services, noted in the previous question, will mean that SVUH patients will also benefit from the development.







**The National Maternity Hospital
at St Vincent's University Hospital Campus**

The Planning Application

Q. Will there be a planning application lodged for the new hospital?

A. Yes. A planning application for the development will be lodged shortly to An Bord Pleanála through the Strategic Infrastructure Development (SID) planning application process. This type of planning application is made for developments which are of strategic, economic or social importance to the State or region.

Q. Will I be able to make observations on the planning application?

A. Yes, observations by the public on the submitted planning application can be made as part of the overall SID planning application process to An Bord Pleanála.

Q. How will I know when the planning application has been lodged?

A. A formal notice announcing the lodgement of the proposed planning application will be published in at least one newspaper circulating in the area. An Bord Pleanála will also include notice of receipt of the application in its weekly list of new cases and post it on its website - www.pleanala.ie.

Additionally upon lodgement of the application, site notices will be located at a number of locations on the Merrion Road and Nutley Lane.

You can also fill out the feedback form and your name will be added to a mailing list. People on the mailing list will receive updates from time to time, including notice of lodgement of the planning application.

If you have been unable to attend the public information evening, you can email Sinéad McGovern at extendedcare@hse.ie to be added to the mailing list.

Q. How can I get a copy of the planning application?

A. The planning application documentation available for inspection for a period of at least six weeks at the offices of An Bord Pleanála and Dublin City Council. The documentation will also be available for viewing and downloading at www.nmhplanning.ie.

Please note the website will not go live until the planning application has been lodged with An Bord Pleanála.

Q. Is there a time period for making submissions to An Bord Pleanála?

A. Yes. Submissions must be received in the offices of the Board within the stated period specified, a minimum of 6 nr. weeks from the date of lodgement, in the published notices.

Q. Who do I contact if I have further questions?

A. You can contact Sinéad McGovern at extendedcare@hse.ie or telephone Sinéad on 01 642 4745.

Figure 17 – Sample 'take-away' FAQ sheet. From Public Information Session held on 13.02.2017

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

Feedback Form

We would like to take this opportunity to thank you for taking the time to come to this evening's Public Information Session at the Tara Towers Hotel. We hope that you have found the information presented to be informative.

We welcome any comments or feedback that you may have, both on this evening's presentation and on the new maternity hospital development.

We would be grateful if you would take the time to fill in the comment form below:

1. How did you hear about tonight's Public Information Session?

2. Do you have any feedback/observations you would like to make in relation to the proposed development?

3. Do you have any other comments?

If you would like to be contacted directly about further information sessions regarding The National Maternity Hospital at St. Vincent's University Hospital Campus, please fill in your details below:

Name:

Email address:

Contact No:

Figure 18 – Feedback form. From Public Information Session held on 12.11.2015

Figure 19 - Spot Checks for Leaflet Drop, 04.02.2017

BACK CHECK SHEET													
DISTRIBUTION AGENT				ID NAME				MAP CODE:		DBK A			
WEEK COMMENCE DATE				LEAFLET 1				DATE CHECKED:		4.02.17			
DELIVERY DATE				LEAFLET 2				ZONE:		Blackrock			
4.02.17				LEAFLET 3									
				LEAFLET 4									
				LEAFLET 5									
				LEAFLET 6									
NO	NUMBER	ROAD / STREET	1	2	3	4	5	6	Tracker No	COMMENT			
1	62	Fosterbrook	✓										
2	41	Saint Helen's Road	✓										
3	42	Woodbine Road	✓										
4	14	Saxfield Crescent	✓										
5	44	Rosemount Court	✓										
6	5	Hampton Park	✓										
7	39	Castle Court	✓										
8	42	Garden Park	✓										
9	44	Trimleston Gardens	✓										
10	55	Glenamena Park	✓										
11													
12													
13													
14													
CHECKED BY			DATE			SENT TO CLIENT							

Figure 20 - Spot Checks for Leaflet Drop, 04.02.2017

BACK CHECK SHEET													
DISTRIBUTION AGENT				ID NAME				MAP CODE:		D4 E			
WEEK COMMENCE DATE				LEAFLET 1				DATE CHECKED:		26/9/15			
DELIVERY DATE				LEAFLET 2				ZONE:					
26/9/15				LEAFLET 3									
				LEAFLET 4									
				LEAFLET 5									
				LEAFLET 6									
NO	NUMBER	ROAD / STREET	1	2	3	4	5	6	Tracker No	COMMENT			
1	6	Nutley Park	✓										
2	12	Greenfield Park	✓										
3	4	" Cres	✓										
4	15	Airfield Park	✓										
5	3	" Court	✓										
6	19	The Court	✓										
7	10	Nutley Ave	✓										
8	8	Nutley Road	✓										
9	26	Elm Park	✓										
10	37	Alesbury on	✓										
11	14	" Grove	✓										
12	7	Merlyn Park	✓										
13	11	" Drive	✓										
14	2	" Road	✓										
CHECKED BY			DATE			SENT TO CLIENT							

Figure 21 - Spot Checks for Leaflet Drop, 26.09.2017

Appendix D: Staff Newsletter

STAFF NEWSLETTER
February 2017




What?

The redevelopment of The National Maternity Hospital, located at St. Vincent's University Hospital, is a major project for the future of maternity care in Dublin. It will provide a safe, secure and comfortable environment for women, babies and their families. The new hospital will be a state-of-the-art facility, designed to provide the highest standard of care for women and babies.

Why?

The redevelopment of maternity hospitals with a state-of-the-art facility is essential to ensure the provision of a safe, secure and comfortable environment for women, babies and their families. The new hospital will be a state-of-the-art facility, designed to provide the highest standard of care for women and babies.

“Our vision is to create an environment which facilitates clinical excellence so that women and infants attending the NMH receive the highest standard of care”







Project Update

Welcome

We would like to take this opportunity to share some updates with you on the development of the National Maternity Hospital at St. Vincent's University Hospital Campus. We will continue to share updates with you as the project develops.

The New National Maternity Hospital

As you are all no doubt aware, the new maternity hospital is required in order to support the continued provision of clinical care of the highest level to the mothers and babies of the Greater Dublin Area and surrounds. The development of the new maternity hospital will ensure that women and newborn infants are cared for in an environment that allows for the most efficient and modern delivery of clinical services.

The NMH at SVUH development will include the provision of state of the art maternity, obstetrics, gynaecology and neonatal facilities. In addition, a range of existing SVUH clinical and non-clinical support facilities will be upgraded as part of the development works.

Considerable work has been carried out on the project to date and we now have reached the important and exciting milestone that the lodgement of planning permission for the new hospital is imminent.

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

Figure 22 – Staff newsletter issued to SVUH and NMH staff on 17.02.2017

STAFF NEWSLETTER
February 2017



Thank You!

NMH and SVUH staff have put in a significant amount of work and given up a considerable amount of time getting this project to this important milestone. There have been in excess of:

- 30+ User Group meetings attended
- 160+ project meetings

On behalf of the everyone involved we would, therefore, like to thank all of the NMH and SVUH staff who have worked on the project to date and we look forward to engaging with you at the next stage of the design process.

Questions

As part of the ongoing engagement process for the NMH at SVUH development, we will continue to work with you by facilitating your questions and queries. Our contact details are listed below:

Project Contacts

Shane Higgins, NMH Clinical lead
Email: shiggins@nmh.ie

Breda Kearns, SVUH Project Co-ordinator
Email: b. Kearns@st-vincent.ie

Damian McKeown, NMH Project Co-ordinator
Email: dmcKeown@nmh.ie

Peter Mortell, SVUH Tec. Facilities Manager
Email: p.mortell@st-vincent.ie

Annmarie Sliney, Midwife Planner
Email: asliney@nmh.ie

Alison Dingle, Project support.
Email: nmhsvuhadmin@nmh.ie

Project Timeline

Project Announcement:	May 2013
Design Team Appointment:	May 2014
Stage 2a, Scheme Design:	Jan 2015
Stage 2b, Detailed Design:	Sept 2015
Planning Lodgement:	Feb 2017





FAQ

The Planning Application

Q. Where will the new maternity hospital be located on the SVUH campus?

A. The development will be located directly adjacent to the existing SVUH Clinical Services Building on the campus.

Q. Will there be a planning application lodged for the new hospital?

A. Yes. A planning application for the development will be lodged shortly to An Bord Pleanála through the Strategic Infrastructure Development (SID) planning application process. This type of planning application is made for developments which are of strategic, economic or social importance to the State or region.

Q. Will the public be able to make observations on the planning application?

A. Yes, observations by the public on the submitted planning application can be made as part of the overall SID planning application process to An Bord Pleanála.

Q. How will I know when the planning application has been lodged?

A. A notice will go to all staff and a formal notice announcing the lodgement of the proposed planning application will be published in at least one newspaper circulating in the area. An Bord Pleanála will also include notice of receipt of the application in its weekly list of new cases and post it on its website - www.pleanala.ie.

Additionally, upon lodgement of the application, site notices will be located at a number of locations on the Merrion Road and Nutley Lane.

Q. How can I get a copy of the planning application?

A. The planning application documentation available for inspection for a period of at least six weeks at the offices of An Bord Pleanála and Dublin City Council. The documentation will also be available for viewing and downloading at www.nmhplanning.ie.

Please note the website will not go live until the planning application has been lodged with An Bord Pleanála.

Q. Is there a time period for making submissions to An Bord Pleanála?

A. Yes. Submissions must be received in the offices of the Board within the stated period specified, a minimum of 6 weeks from the date of lodgement, in the published notices.

Q. Who do I contact if I have further questions?

A. Please contact a member of the NMH Project Team.

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

Figure 23 – Staff newsletter issued to SVUH and NMH staff on 17.02.2017

Appendix E: Dún Laoghaire-Rathdown County Council Correspondence

Infrastructure & Climate Change
An Rannóg Bonneagair agus Athraithe Aeráide

Frank Austin, Director of Services

Marine Road, Dún Laoghaire, Co. Dublin

Tel: 01 205 4700

Fax: 01 205 4319

faustin@dlrcoco.ie

ARUP Dublin	Job No:		
	File A	B	C
Proj Man:	Init:	Date:	
Date: 08 FEB '2017			
	To:	Init:	Date:
	FH		

Mr. Fergus Monaghan
ARUP
50 Ringsend Road
Dublin 4
D04 T6X0

7th February 2017

Re: National Maternity Hospital at St. Vincent's University Hospital

Dear Fergus,

I refer to our meeting on 21st January 2016 and to your letter dated 1st February 2016.

The meeting was held to review comments made in An Bord Pleanála's Pre-application Phase Board Direction. These comments stemmed from a meeting between An Bord Pleanála & DLRCC that was held in DLRCC's Offices on 13th November 2015.

The NTA letter to the HSE, which was attached to your letter dated 1st February, outlined proposed improvements to the Rail, Bus, Cycle and Pedestrian facilities in the general area. These improvements go a long way to addressing the concerns raised at DLRCC's initial meeting with An Bord Pleanála.

We are happy that with these improvements the desired transport mode shift is achievable and will avoid the potential problem of 'excess' cars seeking parking on the adjacent roads and in the adjacent housing estates within Dun Laoghaire-Rathdown.

Yours sincerely,



Frank Austin
Director of Infrastructure and Climate Change

Designated Public Official under Regulation of Lobbying Act, 2015
Oifigeach Poiblí Sainithe faoin Acht um Brústocaireacht a Rialáil 2015



Appendix F: National Transport Authority (NTA) Correspondence

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

29th January 2016

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

Dear Ms. Masterson,

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

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

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

Bus Infrastructure:

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

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

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

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

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

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

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

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

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

Bus Services:

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

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

and that:

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

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

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

Rail (DART):

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

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

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

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

Cycle Facilities:

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

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

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

Pedestrian Facilities

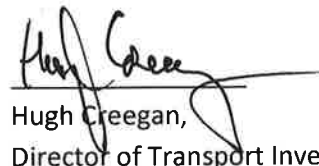
The key pedestrian improvements proposed in this area are integral parts of the transport projects referenced earlier. The combined bus/cycle corridor project along Merrion Road /Rock Road will deliver improved footpaths and additional signalised pedestrian crossings. Similarly the development of the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

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

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

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Hugh Creegan', written over a horizontal line.

Hugh Creegan,
Director of Transport Investment and Taxi Regulation.