

Chapter 5: Human Beings

5.0 Introduction

This Chapter assesses the potential impacts that the proposed new children's hospital at St. James's Hospital campus site and the children's hospital satellite centres at Tallaght Hospital campus and Connolly Hospital campus may have on social activity, economic activity and land usage in the receiving environment in both qualitative and quantitative terms. The project, which is fully described in Chapter 2 of the Environmental Impact Statement (ESI), includes a number of developments as follows:

- within – or associated with – the main project site on the campus of St. James's Hospital, Dublin 8 are:
 - a new children's hospital and associated Family Accommodation Unit, is sited in the west of the campus;
 - a new Children's Research and Innovation Centre is sited along James's Street;
 - associated works to boundaries, roads, entrances, parking areas, hard and soft landscaping *etc.* within the application site boundary; and
- a construction compound, which is directly associate with the developments at St. James's Hospital Campus, is located remote from the hospital at Davitt Road, Drimnagh, Dublin 12.
- a new children's hospital satellite centre at Tallaght Hospital, Dublin 24; and
- a new children's hospital satellite centre at Connolly Hospital, Blanchardstown, Dublin 15.

5.1 St. James's Hospital

5.1.1 Introduction

As Human Beings form one of the most important aspects of the environment to be considered, any potential, significant impact on the character and environment of human beings must be comprehensively assessed. This sub-section considers the human environment in the vicinity of St. James's Hospital campus in the terms of population profile and trends, employment and community.

5.1.2 Methodology

The methodology for this Section involves the analysis, examination and compilation of relevant baseline population and socio-economic data collected by the Central Statistics Office. In addition, relevant planning and land-use documents for the area including the Dublin City Development Plan, 2011-2017, the Regional Planning Guidelines for the Greater Dublin Area (2010-2022) and additional relevant documents have all been examined. This Chapter has also been informed by the Report by the National Paediatric Hospital Development Board (NPHDB) entitled '*Harnessing the potential – maximising the community benefit from the new children's hospital*' and the Report entitled '*National Paediatric Hospital – Local Regeneration Opportunities*' prepared by Urban Initiatives Studio (see Appendix 5.1 and Appendix 5.2 respectively for a copy of these Reports). Both of these documents were commissioned by the NPHDB to assess the receiving environment, examine the potential impacts of the new children's hospital and identify the opportunities presented by the proposals.

Following the examination of the relevant baseline information on the existing population and socio-economic situation in the area, this Chapter provides an assessment of the potential impacts of the proposed development. In this regard, two types of socio-economic impacts can typically arise, direct and indirect impacts and these can be positive and negative as regards their affects. Direct impacts typically occur at a local level, through changes in the immediate environment that arise as a result of the physical works. Indirect impacts typically arise outside the immediate area where the physical works take place. They generally occur at a regional level often relating to changes in population and economic patterns that will arise as a result of the improvement in infrastructure. In the current case, given the nature of the new children's hospital and its role within the Model of Care, the indirect impact will extend to the national level. The impact at each level is addressed in turn under the below sections. Where ameliorative/mitigation measures are required to minimise impacts this is noted.

Therefore, this assessment will examine the impact of the new children's hospital on human beings, which given its scale of importance will range from national, to regional and local level impacts. In order to ensure a comprehensive analysis of each of the areas examined, information on population, employment and community, will be assessed to determine the potential impacts at each of these three levels.

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5.1.3 The Receiving Environment

5.1.3.1 National

At a national level the receiving environment encapsulates the healthcare system and its role in treating children and young people who require care. The document *'The Clinical Case for the New Children's Hospital, its Satellite Centres and Tri-Location'* prepared by the NPHDB, and attached as an Appendix to Chapter 2 of the EIS, explains why a new children's hospital is needed in Ireland and describes the model of care for the hospital. It also explains how the tri-location of a major adult teaching hospital, a maternity hospital and a major children's hospital is essential for the promotion and protection of the health and wellbeing of infants, children, young people and high risk mothers.

The *'Clinical Case'* Report (appended to Chapter 2) indicates that the primary mission of the new children's hospital is to ensure that the children of Ireland are provided with a level of healthcare that meets international best practice. The hospital must offer highly developed tertiary and quaternary services across a broad range of sub-specialities, so that children and young people with life-threatening and complex chronic medical and surgical conditions can have the best possible therapeutic interventions which will deliver the best clinical outcomes. Such excellence in modern paediatric clinical practice can only be provided with the centralisation of paediatric specialities in one location supported by a large academic adult hospital with a broad range of sub-specialities that supports the delivery of acute paediatric healthcare and provides support for basic science research-led discovery and its translation into clinical practice¹.

Overall, the *'Clinical Case'* Report explains how the development of the new children's hospital and the emerging future Maternity Hospital on a campus shared with St. James's Hospital provide the optimal model of care for the sickest children, new-born infants and women. This model will enhance the care and clinical outcomes of children attending the new children's hospital from all over Ireland and that of infants born at the emerging future Maternity Hospital and their mothers. From a primary focus of doing what is right for the sickest children, new-born infants and women, this model of tri-location is fully acknowledged by healthcare providers to be the optimum model of service delivery to achieve the best clinical outcomes².

In conclusion, the *'Clinical Case'* Report states that the decision to build the new children's hospital, a single hospital providing secondary general local care and all-island specialist care provides a unique opportunity to improve paediatric care and clinical outcomes for all the children of Ireland and that it is one of the most positive developments in child health in the history of the State³.

5.1.3.2 Regional

Government policy seeks to provide appropriate care and treatment as close to home as possible and where clinically appropriate⁴, see the National Model of Care for Paediatric Healthcare in Ireland, the main aspects of which are summarised in Chapter 2 of this EIS. The development of the new children's hospital affords the opportunity to implement this policy with secondary (less complex) care services for children and young people in the Greater Dublin Area to be provided in both the new children's hospital at St. James's Hospital campus and the children's hospital satellite centres at Tallaght Hospital campus and Connolly Hospital campus. This will enhance the interface with primary care regionally, by local access to emergency and OPD general paediatric services. The regional catchment therefore, relates to Dublin City and the Greater Dublin Area. Again, this is a very positive development for paediatric care in the Greater Dublin Area.

5.1.3.3 Local

St. James's Hospital campus, which measures c.19.4ha, is located west of and c. 2.5km from Dublin City Centre (Trinity College). Given its city location St. James's Hospital campus is set within an urban context and is surrounded by lands which generally portray a mix of uses common to an edge of centre location including *inter alia* residential, commercial and recreational uses.

¹ NPHDB Report - *"The clinical case for the new children's hospital, its satellite centres and tri-location"*

² NPHDB Report - *"The clinical case for the new children's hospital, its satellite centres and tri-location"*

³ NPHDB Report - *"The clinical case for the new children's hospital, its satellite centres and tri-location"*

⁴ National Model of Care for Paediatric Healthcare in Ireland, 2010, pg. 14

The lands on St. James's Hospital campus that will accommodate the new children's hospital and Family Accommodation Unit measure approximately 4.85ha and are currently in use as part of St. James's Hospital. The site of the Children's Research and Innovation Centre is located at the north eastern end of the campus adjacent to McDowell Avenue with frontage onto James's Street. Given the application site's location to the west of the Campus, it is set within two different contexts. To the east the site is set within the context of the existing hospital and its associated uses, with a number ward block proximate to the new children's hospital site. To the west and parts of the north/north east the site is set within the context of the residential neighbourhoods at South Circular Road, Brookfield Road, Cameron Square and O' Reilly Avenue. The McDowell Avenue portion of the residential lands at Ceannt Fort are located directly to the west of the Children's Research and Innovation Centre site. The new children's hospital site is bound to the south by the linear park and LUAS which runs through this open space.

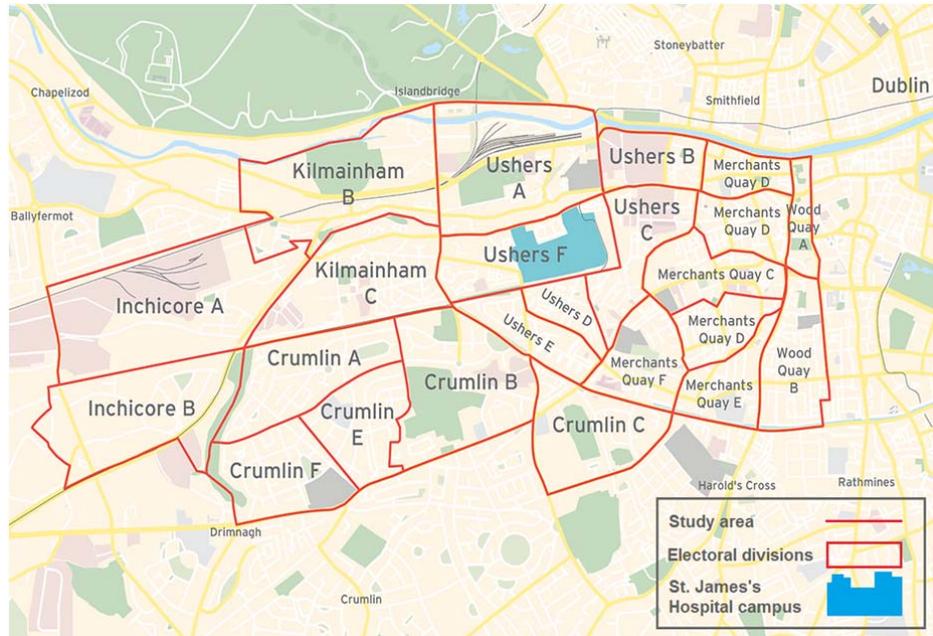
St. James's Hospital campus is well connected with Dublin, the wider Metropolitan Region and the rest of the Country via a variety of modes of transportation including the red LUAS line and a number of Dublin Bus routes. Chapter 6 - Traffic and Transportation, outlines the high level of public transport connectivity to St James's Hospital campus.

In relation to the local level impact, the development proposal lies within the 'Ushers F' Electoral Division of the Dublin City Area. A study area/local area catchment of 23 no. Electoral Divisions, covering an area of c.10km², has been chosen and includes:

- Ushers F (St. James's Hospital campus)
- Ushers A
- Ushers B
- Ushers C
- Ushers D
- Ushers E
- Merchants Quay A
- Merchants Quay B
- Merchants Quay C
- Merchants Quay D
- Merchants Quay E
- Merchants Quay F
- Wood Quay A
- Wood Quay B
- Kilmainham B
- Kilmainham C
- Crumlin A
- Crumlin B
- Crumlin C
- Crumlin E
- Crumlin F
- Inchicore A
- Inchicore B

While the area covered by the above Electoral Divisions is extensive for a local catchment, having regard to the nature and scale of the proposed development, it is considered reasonable and necessary to provide a realistic profile of the population impacted locally. The catchment was informed by consultations with the community as part of the compilation of NPHDB '*Harnessing the Potential*' Report and was established having regard not only to the potential direct impacts on adjacent Electoral Divisions in terms of *inter alia* visual impact, impact on residential amenity etc. but also the potential impacts which extend beyond the immediately adjacent areas into surrounding Electoral Divisions such as *inter alia* traffic impacts. In this regard, the catchment was informed by traffic routes to and from the site, physical barriers and knowledge of the surrounding Electoral Divisions. Once the physical parameters of the study area were established a combination of statistics for the catchment area were examined along with similar statistics for the Greater Dublin Area and State. The subject site and study area are displayed in their local context in Figure 5.1.

Figure 5.1 St. James's Hospital Campus Local Catchment for EIS⁵



Note: map not to scale

5.1.4 Characteristics of the Proposed Development

The integrated National Paediatric Hospital Project will consist of 6 elements as follows:

- A 473-bed children's hospital on St. James's Hospital campus (a construction compound for the development will be provided at Davitt Road).
- A satellite centre at Tallaght Hospital campus.
- A satellite centre at Connolly Hospital campus.
- A 53-bed Family Accommodation Unit at St. James's Hospital campus.
- A Children's Research and Innovation Centre at St. James's Hospital campus.
- A construction compound at Davitt Road.

In addition to these 6 elements the following will also be provided as part of the new children's hospital:

- A new vehicular entrance from Mount Brown.
- A new pedestrian access from the Rialto LUAS stop.
- The removal of the existing wall along South Circular Road will enhance interaction between campus and surrounding area.
- The upgrading of a portion of the linear park.
- The creation of a public piazza at the entrance to the Hospital.
- Improved pedestrian access to and through the site.

The children's hospital satellite centres being of a relatively small scale will, physically, be extensions to both Tallaght and Connolly hospitals. The children's hospital satellite centres have been designed to tie into the existing hospital buildings and will include the refurbishment of areas within the existing hospitals which will function as part of the children's hospital satellite centres.

Overall, the proposals have been designed to provide efficient links to existing buildings and services at St. James's Hospital campus, Tallaght Hospital campus and Connolly Hospital campus respectively, and ultimately will integrate with later phases of the overall site strategies, see the Architectural Design Report.

A more detailed description of the development is provided in Chapter 2 - Development Description.

⁵ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital"

5.1.5 Population – Receiving Environment

The Census data from 2011, published by the Central Statistics Office, provides the most up to date information on population numbers in the study area including information on age profile, occupation, household composition and general employment status. A detailed examination of the local population is set out below. Data generated by the 2002, 2006 & 2011 Census is compared in order that an analysis of demographic trends may be presented. Recent demographic and socio-economic trends are examined at State, County and Local level under three sections; population, employment and community. In addition, figures for the local catchment area are compared with those for the State, Greater Dublin Area, Dublin County and Dublin City areas, in order to contextualise the local area statistics.

5.1.5.1 Population Trends

Over the 25 year period between 1961 and 1986 the combined population of Dublin City and County increased by c.42%, from 718,322 to 1,021,449 persons. Such growth trends were experienced throughout Leinster during the 1960s to the mid-1980s, representing a growth rate of almost double that of the State during this period. However, the reversal of migratory trends towards the capital and declining birth rates led to a reduction in the rate of population growth during the 1980s and 1990s. During this period, the State as a whole experienced a decline in population of -0.4%, although Dublin City and County maintained a positive rate of growth (+0.4%), with the largest proportion of this growth occurring in the City (+5.4%).

By the early 1990s population growth had returned, with the population of the State rising by c.+2.85% between 1991 and 1996. This population growth, which could in large part be attributed to significant levels of in-migration fuelled by a buoyant economy, continued into the early 2000s, with a national population increase of c.+8% or 291,116 persons between 1996 and 2002. The Dublin City area also experienced growth during this period but at a lower rate of c.+6%.

At the ED level, St. James's Hospital campus is located within the Electoral Division of Ushers F. As shown on Table 5.1 below, between 1996 & 2002 'Ushers F' experienced a substantial population increase of +20% well above that of the State at +8% and Dublin City at +6 %. The overall catchment also experienced population growth of +9.1%, in excess of Dublin City, Dublin County and the State, but less than that of the Greater Dublin Area over this period.

However, the rate of population growth slowed substantially in Ushers F Electoral Division between 2002 & 2011, dropping to +5.6% between 2002-2006 and to +4.5% between 2006-2011. This may be indicative of the tight urban grain of the area covered by the Ushers F Electoral Division, which makes the development of new residential units more difficult. The rate of growth in the study area also fell between this period, to 5.7% and 5.4% respectively, albeit above that of Ushers F Electoral Division. While the growth in both areas remained above that of Dublin City over this period, it was well below that of the Greater Dublin Area and the State.

Finally a comparison of the population change between 1996-2011, as shown on Table 5.1, shows that the Electoral Division of Ushers F, within which St. James's Hospital campus is located, experienced the highest population growth at +32.4%. However, the highest percentage was within the period 1996-2002, slowing markedly thereafter. While the population growth within the study area of +21.6% was above that of Dublin City and County at +9.5% and +20.3% respectively, all three were well below that of the Greater Dublin Area and State at +28.3% and +26.5%.

Table 5.1 Population Growth 1996 – 2011*

Area	1996	2002	2006	2011	1996-2002	2002-2006	2006-2011	1996-2011
Ushers F	2,554	3,064	3237	3381	+20%	+5.6%	+4.5%	+32.4%
Study Area	52,026	56,776	60,016	63,275	+9.1%	+5.7%	+5.4%	+21.6%
Dublin City	481,854	495,781	506,211	527,612	+2.9%	+2.1%	+4.2%	+9.5%
Dublin County	1,058,264	1,122,821	1,187,176	1,273,069	+6.1%	+5.7%	+7.2%	+20.3%
GDA	1,405,671	1,535,446	1,662,536	1,804,156	+9.2%	+8.3%	+8.5%	+28.3%
State	3,626,087	3,917,203	4,239,848	4,588,252	+8%	+8.2%	+8.2%	+26.5%

*The figures contained in Table 5.1 have been rounded off for presentation purposes.

5.1.5.2 Population Change 2002 - 2011

Between 2002 and 2011, the population of the State increased by 17.1% from 3,917,203 to 4,588,252 people. This growth can be attributed to a range of factors including *inter alia* significant levels of in-migration, an increase in birth rates and an increase in life expectancy. The 2002 Census data also showed that the population of the Leinster Region rose to over two million people for the first time in the history of the State.

While the Greater Dublin Area experienced population growth between 2002 and 2011, in keeping with that of the State at 17.5%, the Dublin County, which covers the four Dublin Authorities of Dublin City, South Dublin County, Dun Laoghaire-Rathdown County and Fingal County, experienced a lower growth rate of 13.4% over that period. Dublin City was, however, well below all the other areas examined, experiencing a population growth of just 6.4% between 2002 and 2011.

The demographic changes which took place within the Greater Dublin Area, outside of Dublin, are indicative of the increasing urban sprawl of the Greater Dublin Area which has resulted in the spread of 'commuter towns' into Counties Kildare and Meath in particular. This sprawl has been fuelled by insufficient housing supply to meet demand which when combined with high house prices has forced many of those who work in the Dublin area to locate in the urban periphery and commuter belt of the Greater Dublin Area. These factors also explain why the Dublin City area, already being the most densely populated area, grew at a slower rate than the Greater Dublin Area and the State.

Given the nature of the new children's hospital, which provides a national service to all children of Ireland, the need for the hospital does not arise directly out of the local population demographics. However, an examination of local population is relevant with respect to the potential employment benefits, the regenerative opportunities it might provide or other services it might displace. In relation to the latter it is important to note that St. James's Hospital is a well-established and long-running use in the area, this combined with the specialist nature of the proposed development means other essential local services in the area will not be displaced.

5.1.5.3 Age Profile

The age profile of the area is an important consideration in the provision of healthcare, education and employment. Utilising the Small Area Population Statistics for 2011, three factors were looked at in analysing the population structure of the receiving environment as follows:

- The dependent population (i.e. those persons within the 0-14 and 65+ age cohorts)
- The working/independent population (i.e. those persons in the 15-64 year age cohorts)
- The childbearing age cohorts, aged 25-44.

The dependant population is categorised by the youngest age cohort of 0-14 years and the oldest age cohort of 65+ years. Both of these cohorts may be financially or physically dependent on the independent age cohort. Thus if the proportion of individuals in the dependent age cohorts is relatively high, this may place additional pressure on the working/independent age cohort to fund childcare, education or healthcare services, either privately or publicly provided.

On the other hand a high percentage of the population in the working/independent cohort of 15 to 64 years age group would indicate a requirement for employment and housing, as this sector of the population are more likely to seek employment and form new households.

These age categories at the State, Regional, County, City and Local Level are shown in Table 5.2 below.

Table 5.2 Age Profile at State, County and Local Level, 2011*

Area	0-14		15-24		25-44		45-64		65+	
	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011
Ushers F	9.5%	10.7%	11.4%	9.3%	38.6%	37.4%	18.5%	20.4%	22%	22.2%
Study Area	14.4%	14.6%	16.8%	14.6%	38.9%	41.1%	18.1%	18.9%	11.8%	10.8%
Dublin City	15%	15.2%	16.9%	14.5%	35.7%	37.2%	19.7%	20.5%	12.7%	12.6%
Dublin County	18.4%	19.3%	16.2%	13.6%	34.5%	34.9%	20.6%	21.3%	10.3%	10.9%
GDA	19.6%	20.8%	15.6%	13.1%	34.4%	34.2%	20.7%	21.5%	9.7%	10.4%
State	20.4%	21.4%	14.9%	12.6%	31.7%	31.6%	22%	22.7%	11%	11.7%

*The figures contained in Table 5.2 have been rounded off for presentation purposes.

Dependant Age Cohorts (0-14 and 65+)

The proportion of dependants (0-14 and 65+) within the population of the Electoral Division of Ushers F at the time of the last Census in 2011 is recorded at c.33%, up c.1.5% since the 2006 Census. This is proportionally higher than the dependant figures recorded for the study area of c.25.5% in 2011, a marginal decrease since 2006. An analysis of the figures shown in Table 5.2 above shows that historically Ushers F Electoral Division has remained below all other areas examined in terms of the percentage of its population in the 0-14 age cohort and on the other hand is well above, more than double in some cases, in terms of the percentage of its population in the 65+ cohort reflecting the older character of parts of the area. Given the relatively large percentage of the population in the 65+ age cohort, it is logical that this would impact on the percentage of children and young people i.e. the 0-14 age cohort.

The percentage of the population of the Study Area in the 65+ cohort, however, is more in line with the State figure, at approximately half that of Ushers F Electoral Division. However, the Study Area has a noticeably lower percentage of the population in the 0-14 cohort at 14.6% in 2011 versus the State at 21.4% in 2011. Interestingly while this figure represents a growth in this cohort of 1% between the 2006 and 2011 at State level, the percentage of the population in the 0-14 cohort in the Study Area only increased by 0.2% over this period. These figures, when combined with the high percentage of the population of the Study Area in the 25-44 age cohort, 41.1% versus 31.6% at State level in 2011, indicates that the area is dominated by established families, young workers and students with a low proportion of young families and children. This profile is generally consistent with the Study Area's proximity to Dublin City Centre, employment locations and third level institutions.

The high percentage of the population in the 25-44 age cohort in the study area is in keeping with the age profiles of Dublin City, Dublin County and the Greater Dublin Area. While the profile of the Study Area differs from that of Dublin County and the Greater Dublin Area across the age cohorts, the Study Area is relatively closely aligned with the profile of Dublin City.

Independent/Working Age Cohort (15-64)

The independent/working age group is defined as those persons residing within the 15-64 year age cohorts. Census 2011 provides the working age (15-64 years) profile for the State at c.67%, the Greater Dublin Area at c.69% and the Dublin County at c.70%, which represents a decrease in the percentage population in this category in all three instances when compared to the 2006 Census figures. The percentage population in the working age cohort remained relatively constant in Dublin City at c.72% between 2006 and 2011, however, the Study Area increased by 0.8% over this period from c. 73.8% to c.74.6%.

These figures show that the Study Area not only has the highest percentage of population of working age (15-64 years) of all of the areas analysed in Table 5.2 above, but that unlike the other areas this cohort continued to increase in the Study Area despite the economic downturn. This profile is also generally consistent with the Study Area's proximity to Dublin City Centre, employment locations and third level institutions.



Persons contained in the 15-24 age cohort will have medium term impacts in social and economic terms, as they seek to enter the workforce and to set up independent households. In addition, the high representation in the population of the working age cohort in the Study Area has implications for the provision of housing, employment and support services.

Childbearing Age Cohort (25-44)

The childbearing age cohort (25-44) of the Study Area is notable at 41.1% in 2011, compared to the State at 31.6% and Dublin City at 37.2%. This indicates that although the proportion of young families and children is low in the Study Area this may change in the future as the 25-44 age cohort contains the child bearing (female) age group. This is relevant when considering requirements for housing, employment and childcare facilities.

5.1.6 Potential Impacts of the Proposed Development on Population

5.1.6.1 Construction Phase

National

The development of the new children's hospital would be the largest healthcare project ever to be undertaken in Ireland and is the single largest Exchequer-funded infrastructure investment underway in Ireland at present. As a major infrastructure development, the project will require a substantial level of human resources during the construction phase. Construction projects are typically labour intensive, and where there is a stand-alone strategic, economic and financial case for the investment, they can have positive side effects of stimulating employment⁶.

As discussed below, it is anticipated that the national level impacts will relate to economic and social benefits derived primarily from the enhanced healthcare delivered by the new hospital. Given the nature of the construction phase it is considered that this phase of development will not have any significant impact on the national population.

Regional

As above, the new children's hospital represents a substantial investment in infrastructure by the Exchequer which will have economic benefits for the Region. The new children's hospital will also have social benefits for the Region as it will act as the local children's hospital for Dublin, Wicklow, Kildare and parts of Meath, providing improved healthcare facilities for the area.

It is anticipated that the proposed development will have a peak employment requirement of 950 workers on site during the construction phase⁷ and that those employed during the construction phase will for the most part travel from their existing residence. It is not anticipated that the construction phase will result in the relocating of workers to the Region due to its finite and transient nature. Any such relocating would be limited and transient.

Local

The staff (working population) and patients of St. James's Hospital campus and the surrounding local residents are expected to be the most aware of any construction activity associated with the new children's hospital. Construction dust has the potential to cause local impacts through dust nuisance at the nearest sensitive receptors (including hospital buildings). In addition to construction dust, there is the potential for *Aspergillus* impacts (i.e. Legionnaires' disease) to occur. This impact has been addressed in Chapter 12 of the EIS.

It is considered that the construction phase of the proposed development will have a temporary impact on the population profile of the area with increased demand for residential properties to accommodate workers staying proximate to the site. It is expected, however, that those employed during the construction phase will for the most part travel from their existing residence rather than taking temporary accommodation in the area.

Thus, should the proposed development proceed to construction, it is anticipated that the potential impacts for the population, such as any growth or decline, arising from the construction phase would be transient. Potential impacts in relation to 'Employment' and 'Community' are considered elsewhere in this Chapter.

⁶ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

⁷ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

5.1.6.2 Operational Phase

National

The national level impacts associated with the operational phase of the new children's hospital will relate to the enhanced healthcare delivered by the new hospital and the associated economic and social benefits. In its operational phase, the new children's hospital will cater for children and young adults from all over Ireland who require access to national tertiary and quaternary paediatric services. Such care may require extended hospital stays for the patients, however, given the limited numbers of such stays and their transient nature they would not result in population redistribution at a national level. The issue of 'Employment' is considered elsewhere in this Chapter.

Regional

The new children's hospital merges the expertise of the three existing facilities at Our Lady's Children's Hospital Crumlin, Temple Street Children's University Hospital and the National Children's Hospital at Tallaght. While the majority of such workers would already be resident in the Region, their relocation to St. James's Hospital campus may result in a redistribution of a small portion of the population within the Region. It is expected that any such redistribution would be limited due to the accessibility of St. James's Hospital campus by public transportation and also ties to existing places of residence. Therefore, the impact on population at a regional level is likely to be minor or even 'self-cancelling'.

Local

The proposed development will represent a significant addition to St. James's Hospital campus both in terms of the creation of a world class hospital campus and the increase in staff and patients associated with the new children's hospital. As such, it is anticipated that the new children's hospital will impact the population profile of the local area due to the relocation of jobs and the creation of new jobs which will result in associated demands for residential properties in the area.

It is anticipated that the demand for houses in the area in the short term which will be directly attributable to the relocated jobs will be limited, especially given that these will include the jobs relocated from Our Lady's Children's Hospital Crumlin which is situated c. 3km from St. James's Hospital campus. However, in the medium to long term it is anticipated that the residential distribution of the new children's hospital staff will resemble the existing pattern at St. James's Hospital, with many staff choosing to live in reasonable proximity to their place of work. The creation of new jobs is considered beneficial to the local population, a significant percentage of which lies within the working age cohort. The issue of 'Employment' is considered elsewhere in this Chapter.

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The new children's hospital will also result in increased patient numbers to St. James's Hospital campus, with the nature of care provided in some instances resulting in extended stays. In addition to those accommodated in the on-site family accommodation proposed, this will give rise to a demand for accommodation in the area from families. This will have an insignificant impact on the level of population in the area, which at an individual level will be transient, but overall will be continuous.

5.1.6.3 Do Nothing

National

Nationally the "do nothing" scenario would result in the failure to implement the Health Service Executive's Clinical Programme for Paediatrics and Neonatology and transform the paediatric healthcare services in Ireland. The impact at a national level would thus relate primarily to the failure to improve on the provision of care for children and young people, with limited impact on the overall national permanent residential population.

Regional

The "do nothing" scenario at a regional level would result in national tertiary and quaternary paediatric services continuing to be provided in the three existing facilities at Our Lady's Children's Hospital Crumlin, Temple Street Children's University Hospital and the National Children's Hospital at Tallaght. Regional impacts would relate primarily to the failure to improve on the provision of patient care, with limited impact on the regional permanent residential population.



Local

Under the “do nothing” scenario it is envisaged that St. James’s Hospital campus, and specifically the subject site, would remain in their current state for the immediate future. The provision of the new children’s hospital on St. James’s Hospital campus represents a significant investment not only in health infrastructure but in the Study Area. To adopt a “do-nothing” approach would adversely affect the quality of service which is capable of being delivered to children and young adults and potentially jeopardise later plans for the campus.

As a result, a considerable number of potential direct and indirect social and economic benefits that would accrue from this proposed development for the existing local permanent residential population and beyond would not occur if the development were not to proceed. In addition, the new residents which would be attracted to the area in the medium to long term due to their work in the hospital would be lost which would impact the growth of the population of the area negatively.

5.1.7 Ameliorative, Remedial or Reductive Measures on Population

5.1.7.1 Construction Phase

National

The construction phase of the proposed development is unlikely to generate any significant adverse impact on the population nationally. As such, no remedial or reductive measures are identified.

Regional

The construction phase of the proposed development is unlikely to generate any significant adverse impact on demographics regionally. As such, no remedial or reductive measures are identified.

Local

The construction phase of the proposed development is unlikely to generate any significant adverse impact on the demography of the area. As such, no remedial or reductive measures are identified. In relation to *Aspergillus* (*legionnaires' disease*), prevention works will take place before construction commences. The prevention works will involve sealing the windows to the facades of the Keith Shaw, Hollywood & Stevenson, William Wilde, Benett and Colles wards. These works will form part of an *Aspergillus* prevention plan and will ensure the prevention of *Aspergillus* spores spreading. These measures are set out in Chapter 12 of the EIS.

5.1.7.2 Operational Phase

National

The operational phase is unlikely to have any significant impact on the population nationally. Consequently, no remedial or reductive measures are identified.

Regional

The impact on the population at a regional level attributable to the operational phase is limited and unlikely to be significant. As a result no remedial or reductive measures are identified.

Local

The operational phase may have a significant impact for the population living in the surrounding area in terms of the level of investment being made into the area, new jobs created and the locating of staff close to their place of work. Such impact would be positive in nature and therefore, no remedial or reductive measures are required.

5.1.7.3 Worst Case Scenario

National

The failure of the proposed development to proceed will have an impact nationally in terms of the quality of provision of paediatric care to children and young people. It is not envisaged that it would have a significant impact on demographics nationally; therefore, no remedial or reductive measures are required.

Regional

The worst case scenario at a regional level would result in national tertiary and quaternary paediatric services continuing to be provided in the three existing facilities at Crumlin, Temple Street and Tallaght and would have a limited impact on population regionally. No remedial or reductive measures are required.

Local

The provision of the new children's hospital on St. James's Hospital campus represents a significant investment in the Study Area. Should the proposed development not occur, the worst case scenario would result in the considerable number of potential positive (direct and indirect) social and economic benefits that arise from the development not occurring.

5.1.8 Predicted Impact of the Proposal on Population

5.1.8.1 Construction Phase

National

It is not envisaged that there will be any significant impact on the national population during the construction phase.

Regional

It is not envisaged that there will be any significant impact on the regional population during the construction phase.

Local

It is not envisaged that any significant increase or decrease in the population of the Study Area will occur during the construction phase as it is anticipated that construction workers employed during this phase will travel from their existing residence rather than taking temporary accommodation in the local area. A short term, transient increase in the local working population on-site will be generated by construction employment. The *Aspergillus* prevention measures being employed will ensure there is no impact on the temporary resident population at St. James's Hospital campus. This phase is unlikely to generate any significant adverse impact on the demography of the area.

5.1.8.2 Operational Phase

National

It is not envisaged that there will be any significant impact on the national population during the operational phase.

Regional

It is not envisaged that there will be any significant impact on the regional population during the operational phase.

Local

It is envisaged that there will be a significant, positive impact on the population of the Study Area, specifically the working population, during the operational phase of the proposed development.

An impact on the population of the study area is also envisaged in terms of population growth, however, it is predicted that this will not be significant as it will occur over the medium to long term.

5.1.8.3 Worst Case

National

As the development would not result in any profound or irreversible impacts in relation to the population nationally, a 'worst case' impact is not applicable in this instance. If the proposed development did not take place (due for example, because planning permission was not granted), then the Applicant would have to review how it would deliver the model of care proposed with consequent programme delays and adverse impacts upon the quality of health care for children and young people nationally, regionally and locally.

Regional

As the development would not result in any profound or irreversible impacts in relation to the regional population, a 'worst case' impact is not applicable in this instance.

Local

As the development would not result in any profound or irreversible local impacts on population, a 'worst case' impact is not applicable in this instance.

5.1.9 Cumulative Impact of the New Children’s Hospital Development on Population

5.1.9.1 National

While the proposed development is unlikely to have a significant impact on the national population during the construction or operational phase, it will form the epicentre of a network of care which will deliver improved and comprehensive paediatric care for all of Ireland’s children and young people. It is therefore, an integral part of the national healthcare system and in this context would have a positive impact on the health and well-being of the population nationally.

5.1.9.2 Regional

The proposed development is unlikely to have a significant impact on population regionally during the construction or operational phase. However, in its role as the local children’s hospital for Dublin, Wicklow, Kildare and parts of Meath, it will impact the regional population positively through the provision of improved healthcare facilities for the area.

5.1.9.3 Local

While the proposed development is unlikely to have a significant impact on the local population during the construction phase it is envisaged that it will have a significant, positive impact during the operational phase. Cumulatively the proposed development may act as an attractor to the area, thereby, supporting the redevelopment of surrounding areas for residential developments. An example of this is the Heuston South Quarter development where there is currently a live application for a further 126 no. new residential units with An Bord Pleanála (Reg. Ref. 2774/14, Board Ref. 244587).

In addition, the proposed development represents the first step in the planned development of St. James’s Hospital campus (see the Architectural Design Statement). The new children’s hospital and the future cumulative development of St. James’s Hospital campus, including the emerging future Maternity Hospital, is likely to have a further significant, positive impact on the population of the study area, specifically the working and resident populations and young people specifically. Such impacts cannot, however, be quantified in the absence of detailed proposals including associated construction programmes and staff requirements.

5.1.10 Employment – Receiving Environment

The impact of the development proposal on employment will be examined in the context of the numbers of persons at work and the levels of unemployment at State, Greater Dublin Area, Dublin County, Dublin City and local level.

5.1.10.1 Trends in the Number of Persons in Work

As would be expected given the economic climate at the time, between 2002 and 2006 all of the areas analysed, see Table 5.3 below, experience growth in the numbers of people at work. During this time the State figure grew by c.17.6%, with the Study Area growing at a similar rate of c.17.1%. While the percentage growth in the Greater Dublin Area was generally in line with the State figure, at c.16.1%, all of the other areas analysed experienced much lower rates of growth in those at work, with Ushers F Electoral Division only increasing by c.5.8%.

Between 2006 and 2011 there was a decrease in those at work in all areas analysed, likely attributable to the downturn in the economy nationwide. In this regard the total number of people at work in the State, the Greater Dublin Area and County Dublin declined by 6.4%, 5.8% and 5.6% respectively. However, having experienced growth less than that of the State during 2002-2006, the Study Area declined at a lower rate of 4.3%. Ushers F Electoral Division, however, having experienced the lowest level of growth between 2002-2006 experienced the highest reduction in those at work between 2006-2011, i.e. 9.8%. This indicated that while the Study Area itself has managed to retain a higher portion of those “at work” than the State between 2006-2011, Ushers F Electoral Division has benefitted least from economic growth in the 2002-2006 period and has been very susceptible to the economic downturn. The relatively higher proportion of persons in the 65+ age cohort in the Ushers F Electoral Division may also be a contributing factor.

Table 5.3 Number of Persons at Work in 2002, 2006 and 2011*

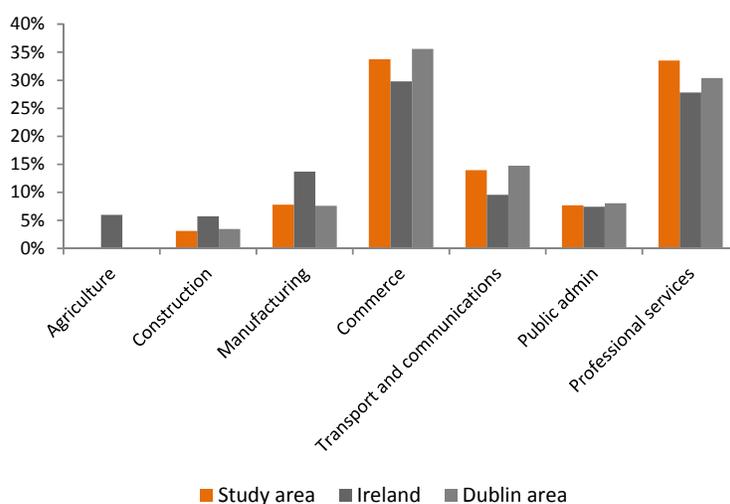
Area	2002	2006	2002-2006	2011	2006-2011
Ushers F	1,486	1,572	+5.8%	1,418	-9.8%
Study Area	25,823	28,740	+11.3%	27,498	-4.3%
Dublin City	224,300	245,007	+9.2%	227,429	-7.2%
Dublin County	508,030	572,896	+12.8%	540,729	-5.6%
GDA	689,157	800,240	+16.1%	753,565	-5.8%
State	1,641,587	1,930,042	+17.6%	1,807,360	-6.4%

*The figures contained in Table 5.3 have been rounded off for presentation purposes.

5.1.10.2 Employment and Occupations in the Local Area

Census 2011 also provides information on the sectors within which residents of the Study Area are employed. Figure 5.2 compares sectoral shares of employment in the Study Area with those of the Dublin Area and the State, which shows that the sectoral employment pattern in the Study Area is generally in line with that of Dublin. As would be expected the level of employment in agriculture in the Study Area and Dublin is well below the State, along with lower employment shares in construction and manufacturing. As a source of employment, the professional services category is over-represented in the Study Area, compared to both Dublin and the State.

Figure 5.2 Sector of Employment, 2001-2011⁸



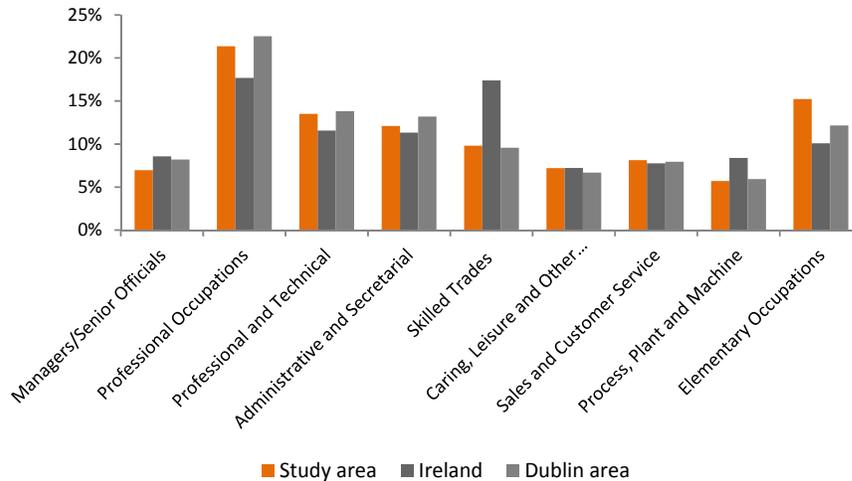
An analysis of the 2011 figures shows a mixture of occupations in the Study Area, with a higher than average proportion working in both elementary occupations and professional occupations, see Figure 5.3 below. In line with the Dublin Area there is also a high proportion working in professional occupations compared to the State figure. As noted in the NPHDB 'Harnessing the Potential' Report the proximity to the City Centre, including colleges and businesses, makes the area an attractive location for individuals to locate. This contrasts with the presence of long-standing pockets of disadvantage within the catchment⁹.

⁸ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

⁹ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.



Figure 5.3 Occupations Trends 2011¹⁰



5.1.10.4 Unemployment Trends

To better understand the employment situation and establish a balanced picture it is necessary to examine trends in unemployment. Between 2006 – 2011 the State’s unemployment level grew by c.160% with all other areas analysed experiencing less of an increase. Although arguably with an already relatively high unemployment rate, Ushers F Electoral Division grew by c.78% while the Study Area grew by more at 84%, both approximately half that of the State. While Dublin County experienced a growth of c.115% Dublin City was notably lower at 89.7%. This indicates that the urban area of Dublin City while also hit by the economic downturn, managed to retain more jobs than other less urbanised areas.

Table 5.4 Number of Persons Looking for First Job & Unemployed having lost or given up previous job in 2002, 2006 & 2011*

Area	2002		2006		2002-2006 Change (%)		2011		2006-2011 Change (%)	
	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.
Ushers F	19	125	21	155	+10.5	+24	30	276	+42.9	+78
Study Area	495	3,627	753	3,573	+52.1	-1.5	712	6,576	-5.5	+84
Dublin City	3,232	22,798	4,726	24,577	+46.2	+7.8	5,086	46,613	+7.6	+89.7
Dublin County	6,357	40,919	9,355	46,750	+47	+14.3	10,678	100,771	+14.1	+115.6
GDA	8,146	52,373	11,942	60,827	+46.6	+16.1	13,975	145,079	+17	+138.5
State	21,147	138,199	29,372	150,084	+38.9	+8.6	34,166	390,677	+16.3	+160.3

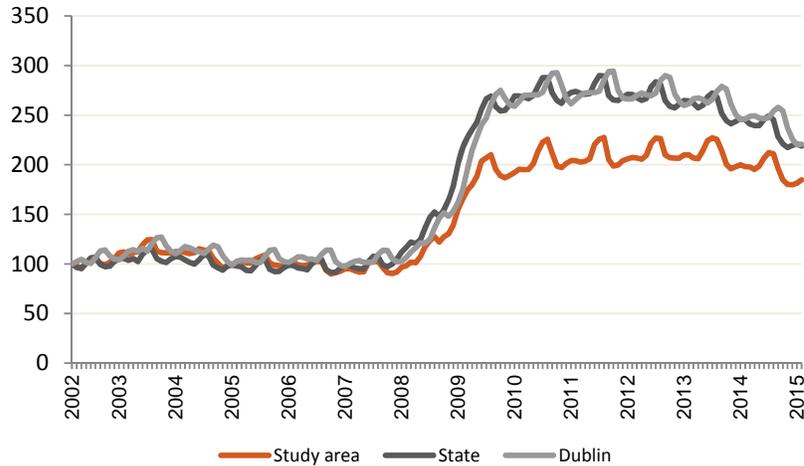
*The figures contained in Table 5.4 have been rounded off for presentation purposes.

While Census 2011 provides information on employment, including sectoral shares and occupations as above, and unemployment in the Study Area, this data is somewhat dated being c.4 years old. In addition, following the economic downturn there has been an improvement in employment patterns experienced since 2013. The Live Register provides more informative and up to date statistics on persons registering as being unemployed within the working age cohort.

¹⁰ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children’s hospital", 2015.

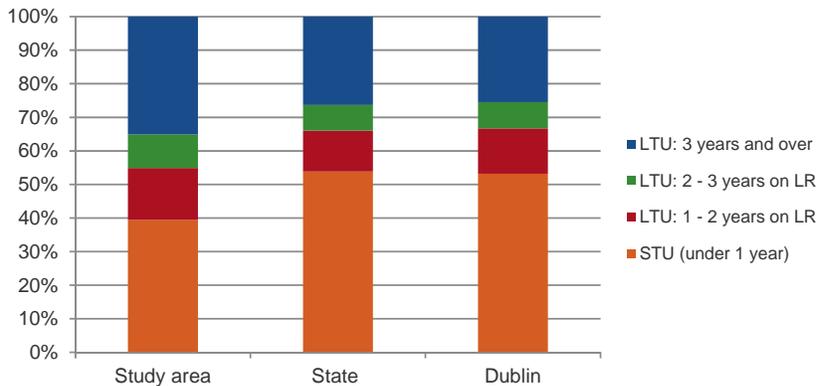
As shown in Figure 5.4 below, taken from the NPHDB 'Harnessing the Potential' Report, from 2008 to 2010 there was an 80% increase in those signing onto the Live Register in the study area¹¹. As above, this was slower than the national increase, however, employment was lower in the Study Area during the boom compared to elsewhere. Between 2010 and 2015, the Live Register has stabilised to between 4,000 and 5,000.

Figure 5.4 Live register of the Study Area (Index 2002 = 100)¹²



In relation to unemployment, the first area which the Government has identified as warranting particular policy is long term unemployment. According to the findings of the NPHDB 'Harnessing the Potential' Report the locality has a higher percentage of people who have been unemployed for 1+, 2+ and 3+ years, relative to levels across the State and Dublin, see Figure 5.5 below. In aggregate, the data shows that some 60% of those on the Live Register have been signing-on on a long-term basis.

Figure 5.5 Duration on Live Register¹³



The second area which the Government has identified as warranting particular policy focus is youth unemployment. The NPHDB 'Harnessing the Potential' Report examined youth employment in the local area, identifying that the share of youth unemployment is broadly in line with national trends, see Figure 5.6 below.

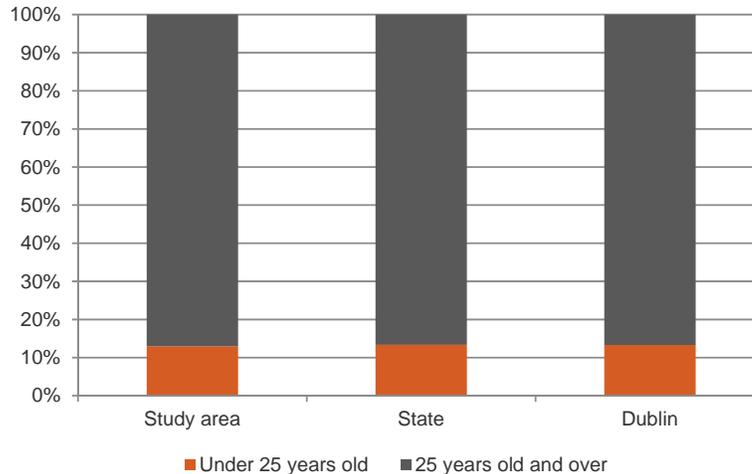
¹¹The NPHDB Report examined claimants from the Study Area that were registered at the Thomas Street Office from 2002 until February 2015. The Thomas Street office closed in February 2015.

¹² NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

¹³ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.



Figure 5.6 Youth Unemployment May 2015¹⁴



5.1.11 Potential Impacts of the Proposed Development on Employment

5.1.11.1 Construction Phase

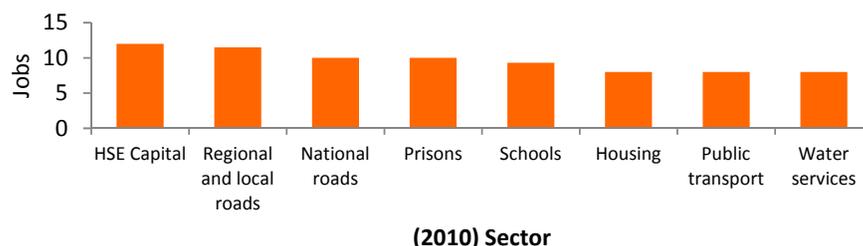
National

It is anticipated that the construction of the National Paediatric Hospital Project on St. James's Hospital campus will take c. 4 years. Subject to a grant of planning permission, it is expected that works would commence from Q1 of 2016, with internal fit out commencing from month 22. The national level impacts relating to this phase of development would primarily be the economic and social benefits derived from the enhanced health care delivered by the new hospital.

More broadly the economic impacts will arise from the investment which will support jobs in the national economy through the construction of the children's hospital satellite centres and spending on other components such as ICT and equipment¹⁵. In this regard, the construction of the new children's hospital represents a substantial capital investment, the purpose of which is to add to the productive capacity of the economy and provide vital social infrastructure. The delivery phase of the Project can provide economic stimulus, particularly during recessionary phases.

The investment will have the highest additional impact in situations where there are available resources in the economy. In terms of employment impacts, policy in Ireland has recognised that some types of infrastructure investment are more labour intensive than others. Figure 5.7 summarises analysis undertaken by the Department of Finance in 2010 and shows that the Health Service Executive creates more jobs per €1 million invested than any other sector in the public capital programme.

Figure 5.7 Job-years per €1 million invested through the public capital programme¹⁶



Source: Department of Finance

¹⁴ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

¹⁵ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

¹⁶ Department of Finance (2010) *Infrastructure and Capital Investment 2010-2016: A Financial Framework*.

The separate analysis of a variety of infrastructure types found an average direct employment effect of 8,400 jobs per €1 billion and an indirect impact of 4,400 jobs¹⁷. The same analysis specifically assessed the employment content of hospital development and found a direct job creation effect of 7,300 jobs per €1 billion invested and an indirect impact of 5,300. The Report uses an input-output framework and CSO data for 2011, to model direct and indirect employment impacts based on sectoral distribution of investment in the Hospital. The Report concluded that the forecast direct and indirect employment contribution of the construction projects is of a similar level of magnitude to those above. In this case an employment impact of 6,400 direct jobs and 4,500 indirect jobs per €1 billion invested is estimated¹⁸.

The data shows that investment in the Hospital is estimated to have a Gross Value Added multiplier of 48%. This means that for every €1 million spent on developing the new children's hospital, €480,000 is retained in the national economy in the form of wages and salaries and earnings of businesses. This represents a significant addition to national economic value, in particular when compared to spending in other sectors which are characterised by a higher level of leakage and a reliance on imports in the production process.

Overall the delivery of the new children's hospital will be a substantial demand-side stimulus, which has the potential to provide significant benefits in terms of total economic output, employment and contribution to Gross Domestic Product. These positive impacts will also go beyond the direct effects from construction and have knock-on benefits through related supply chains in the wider economy.

Regional

Given the scale of the new children's hospital development it is not envisaged that the peak requirement of 948 on site construction workers would be sourced in their totality from the Study Area or surrounding areas. It is anticipated that the construction workers required to fill these positions would come from within the Region, including Dublin and the Study Area. Given the relatively high levels of unemployment in the construction sector nationally, there are likely to be labour resources available, thus the jobs created by the new children's hospital would bring new employment to the Region as opposed to displacing existing employment.

The Live Register figures for construction, woodwork and metal workers across Dublin shows that there are notable local level job opportunities, with 700 construction-related workers on the Live Register locally, within the overall Dublin area there are 14,400 construction-related workers on the Live Register. This figure is an indication of the high level of unemployment in this sector across the Region and shows that the Region has the capacity to meet the labour force requirements of the construction phase of the proposed development, as outlined in the NPHDB *'Harnessing the Potential'* Report.

Local

The above benefits of the development of the new children's hospital in terms of economic output and employment apply most directly to the local area. Firstly in terms of employment, as referred to above, the Live-Register shows that there are c.700 construction-related workers signing onto the Live Register in the Study Area. This indicates that there is potential for employment additionality at a local level arising from the new children's hospital. In this regard the NPHDB *'Harnessing the Potential'* Report identifies the peak requirement of roles across each category in terms of job years i.e. a 'job year' corresponds to one individual in full time employment for one year, see Table 5.5 below taken from the NPHDB *'Harnessing the Potential'* Report.

¹⁷ National Roads Authority (2013) *Transport research and information note - the employment benefits of investment projects*. The average figure cited here excludes the impact of gas power station construction which has a very low labour intensity and is an outlier as compared to other types of construction investment.

¹⁸ Information supplied by EY, July 2015.



Table 5.5: Total 'job years' for each category of employment¹⁹

Trade	2016	2017	2018	2019	Total
Administrative	17	22	44	20	104
Banksman	32	38	66	30	167
Carpenter (Second Fix)	0	0	33	40	73
Carpenters (Formwork)	22	39	20	0	81
Ceiling Installer	0	0	25	30	55
Construction Engineer	16	14	23	12	65
Crane Driver	14	20	15	0	50
Dry-Lining Installer	0	0	41	50	91
Electrician	0	11	50	1	63
Engineering Surveyor	9	8	11	4	32
Flooring Installer	0	0	0	0	0
Forklift Driver	5	6	30	10	51
General Operative	27	19	36	30	112
Glazing / Curtain Walling	0	0	49	0	49
Health and Safety	5	4	6	3	19
Logistics Management	14	12	17	12	55
Logistics Operative	34	26	42	18	120
Machine Operator	18	4	0	0	22
Painter	0	0	25	30	55
Piping and plumbing	0	11	50	1	63
Plasterer	0	0	16	20	36
Project Management	21	22	27	22	93
Quantity Surveyor	13	11	22	11	58
Roofer	0	0	8	0	8
Steel Fixer	22	39	20	0	81
Supervisor	23	21	39	14	98
Total	292	330	717	362	1.700

These employment opportunities are further boosted by the introduction in Construction 2020 of the concept of 'Social Clauses' for major infrastructure delivery. A project group led by the Office of Government Procurement has been established which will put forward projects where social clauses would be inserted into the contract to address employment and training and the Office of Government Procurement is currently working on guidance to assist contracting authorities in the consideration of social clauses in public procurement contracts²⁰.

The NPHDB has a key objective which seeks to maximise community benefits from the proposed development. In this regard the new hospital provides major potential for a range of groups within the local community:

- Long term and youth unemployed who can secure jobs during the delivery and operational phases of the development.
- Landowners and developers whose sites investment potential will be enhanced by the economic impact of its proposals.
- Solid enterprises and SME's who can take advantage of the increased level of economic activity.
- International companies and investors for whom the hospital may act as an economic driver and magnet for investment/research.

¹⁹ The onsite employment forecast is lower than the overall employment impact. The overall employment figure includes the impact of spending on the children's hospital satellite centres, the integration programme, the range of design and specialist service providers and investment in equipment and ICT. The figures in Table 5.5 relate to direct on-site construction on the main hospital site itself.

²⁰NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

- Young people in the area who will have better access to training, work placement and progressive careers locally.
- Local suppliers who will find greater business opportunities locally as the economy grows.
- Hospital staff who will be attracted to live in the area as the process of regeneration takes hold.
- The scheme will assist in reducing health inequalities for children and young people across the island of Ireland.

Social clauses are being considered for the new children's hospital project and may include targets in relation to:

- The level of total project labour to be carried out by personnel registered as long term unemployed
- The level total project labour to be a 'new entrant' (leaving an educational, college establishment & not an apprentice)
- The level of total project labour to be employed under a registered scheme of apprenticeships
- The number of apprenticeships to be completed through the Construction Industry Federation 'Pilot Apprenticeship Legacy Programme'.
- The number of work place experience places/annum to be delivered for 3rd level education²¹

Such Clauses seek to ensure not only that there is a direct benefit for the local area in terms of employment but that the benefit is targeted at those areas which warrant particular focus i.e. long-term unemployment and youth unemployment²². The attached '*Harnessing the Potential*' Report by the NPHDB, see Appendix 5.1, outlines the approach to working in partnership to maximise social clauses, highlighting that the procurement process can also provide opportunities for social enterprise and Small Medium Enterprises.

In addition, the development of the National Paediatric Hospital Project on St. James's Hospital campus represents a major stimulus to the local area economy which can bring a range of positive impacts. In the longer-term there will be further demand-side impacts from the on-going operation of the hospital which offer potential to assist in the on-going regeneration of the local area. The opportunity also exists to capitalise on the inflow of existing and additional staff to the area as discussed in the NPHDB '*Harnessing the Potential*' Report.

Overall, the proposed development has the potential to provide both short and long term direct and indirect local employment benefits to the local economy during the construction phase, a very positive outcome.

5.1.11.2 Operational Phase

National

In addition to the short-term demand-side impacts of the construction phase, the development of the National Paediatric Hospital Project on St. James's Hospital campus offers the potential for longer-term economic and employment impacts. While the total economic contribution of the new children's hospital is anticipated to extend beyond the activity generated within it in terms of wages and payments for hospital goods and services and the generation of additional secondary activity, these impacts will be most applicable at the regional and local levels.

At the national level, the impacts associated with the operational phase will relate primarily to the enhanced health care delivered by the new hospital and the associated economic and social benefits. It is not envisaged that the operation of the new children's hospital will have a significant impact on employment nationally.

²¹ Information supplied by EY, July 2015.

²² Information supplied by EY, July 2015.



Regional

As outlined in the NPHDB *'Harnessing the Potential'* Report empirical evidence demonstrates that the healthcare industry is a significant contributor to economic activity, extending beyond the activity generated within them through the economy and generating additional secondary activity. The NPHDB *'Harnessing the Potential'* Report references a number of examples of hospitals including *inter alia* the Boston Children's Hospital and Cincinnati Children's Hospital where the research areas have grown and attracted more enterprise and synergies to form from the creation of innovative clusters²³. Such clusters can have economic benefits which reach well beyond the local area to the regional level.

Local

The Report *'Harnessing the Potential'* by the NPHDB identifies the new children's hospital as offering major potential for a range of cohorts within the community including:

- Long-term and youth unemployed who can secure jobs during the delivery and operations phases
- Social enterprises and SMEs who can take advantage of the increased level of economic activity
- Internationally trading companies for whom the hospital may act as a magnet
- Young people in the area who will have access to training, work placement and progressive careers within the locality
- Hospital staff who will be attracted to live in the area as the process of regeneration takes hold
- The wider community, as these impacts come together to exert a positive energy within the local area²⁴

In relation to the economic impacts of hospitals on local labour markets, research has found that hospitals have measurable positive labour market outcomes above their primary objective of providing healthcare. The study showed that hospitals, particularly in rural communities, provide a significant number of non-health related employment and higher wage jobs to residents based on education level. Other benefits including research, education and community activities are reported to make significant impacts on a hospital's local area²⁵.

Overall the operation of the new children's hospital has the potential for longer-term economic benefits for the local area through both the employment offered directly by the hospital and also through the creation of a local sustainable, high value-adding enterprise base.

In addition, the hospital will be a major employer in the local community. When fully operational it will provide employment for over 3,000 staff. While many of these will transfer from the existing hospitals, the uplift in activity envisaged in the medium-term, coupled with natural processes of resignations and retirements, will mean that there will be a need for 450 additional staff in 2020, over and above 2014 levels.

As an employer of predominantly high-value roles, the new children's hospital offers further potential to act as catalyst for regeneration in the area. The attached NPHDB Report *'Harnessing the Potential'* sets out an approach to maximise the impact of this opportunity within the local area including mapping career paths for young people in the catchment.

5.1.11.3 Worst Case Scenario

National

A "worst case-scenario" at the national level would be that the proposed development does not proceed. This would have a considerable negative affect as it would mean that a substantial capital investment and a significant demand-side stimulus would be removed from the national economy. The result of this would be no addition to the productive capacity of the economy or to the vital national health infrastructure. The benefits detailed above and in the Report *'Harnessing the Potential'* by the NPHDB would all be lost.

The Health Service Executive's Clinical Programme for Paediatrics and Neonatology could not be implemented. This would have a direct negative impact on the planned transformation of the paediatric healthcare services in Ireland, which would have knock-on impacts nationally in relation to future employment potential within the Sector.

²³ NPHDB Report - *'Harnessing the potential - Maximising the community benefit from the new children's hospital'*, 2015.

²⁴ NPHDB Report - *'Harnessing the potential - Maximising the community benefit from the new children's hospital'*, 2015.

²⁵ J. Dorfman & A. Mandich (2014) *The Impact of Hospitals on Local Labor Markets: Going Beyond IMPLAN*

Regional

The proposed development not proceeding would also be the “worst case” scenario at the regional level. This would have a direct negative impact on employment regionally as it would remove the opportunity to provide employment in a sector which is experiencing high levels of unemployment both regionally and locally. In addition, it would remove the contribution to wider economic activity in the Region, the generating of additional secondary activity and the potential to develop medical and research hubs.

There would be no upgrading of the national tertiary and quaternary paediatric services which would continue to be provided across the three existing facilities at Our Lady’s Children’s Hospital Crumlin, Temple Street Children’s University Hospital and the National Children’s Hospital at Tallaght. Potential new direct employment opportunities offered by the new children’s hospital would also be lost.

Local

A “worst case” scenario at the local level would be that the proposed development does not proceed. The lands at St. James’s Hospital campus would remain in use for car parking and other ad hoc ancillary hospital uses and there may be a negative impact on future expansion plans which could have a knock on impact for future employment potential at the Hospital. In addition all of the benefits identified in terms of employment including targeting jobs towards the locally unemployed, the local economy benefits and demand side impacts from operation of the hospital and the strategic potential in terms of the creation of medical and research hubs, would be lost.

Another worst case scenario may be that throughout the development of the new children’s hospital an employment or economic benefit is not experienced locally, or existing jobs are displaced, although considered unlikely. In this regard, potential exists for employment additionality in the construction sector locally while the NPHDB ‘*Harnessing the Potential*’ Report sets out a road map for maximising the potential impact of the new children’s hospital within the area and making it a truly transformative investment²⁶.

5.1.12 Ameliorative, Remedial or Reductive Measures on Employment

5.1.12.1 Construction Phase

National

The national level impacts relating to this phase of development would primarily be the economic and social benefits derived from the enhanced healthcare delivered by the new hospital. More broadly, the investment will support jobs in the national economy through the construction of the children’s hospital satellite centres and spending on other components such as ICT and equipment.

This Phase of development is unlikely to generate any significant adverse impact on the national employment profile and as such, no remedial or reductive measures are identified.

Regional

In terms of the regional level impacts it is envisaged that these would primarily be positive, providing new employment in the construction sector which is currently experiencing high levels of unemployment. The construction phase of the proposed development is unlikely to generate any significant adverse impact on employment regionally, therefore, no remedial or reductive measures are identified.

Local

The impacts of the construction phase of the new children’s hospital in terms of economic output and employment at a local level will generally be positive. The proposed development will provide new employment in the construction sector, an area where there are currently high levels of unemployment. In addition, as outlined in the NPHDB ‘*Harnessing the Potential*’ Report, social clauses present the opportunity to reduce the level of the long-term unemployed and provide training opportunities for the youth unemployed, focusing in both instances on the local level first. In this regard the Applicant has indicated the willingness to accept a condition to ensure that the local employment benefits set out in the NPHDB ‘*Harnessing the Potential*’ Report are realised during the construction phase.

This Phase of development is unlikely to generate any significant adverse impact on the local employment profile and as such, no remedial or reductive measures are identified.

²⁶ NPHDB Report - “*Harnessing the potential - Maximising the community benefit from the new children’s hospital*”, 2015.



5.1.12.2 Operational Phase

National

At the national level, the impacts associated with the operational phase of the National Paediatric Hospital Project on St. James's Hospital campus will relate primarily to the enhanced healthcare delivered by the new hospital and the associated economic and social benefits. It is not envisaged that the operation of the new children's hospital will have a significant impact on employment nationally and as such, no remedial or reductive measures are identified.

Regional

The operation phase of the new children's hospital offers the potential for longer-term economic and employment impacts, including employment generated directly by the hospital and also secondary activity, which may be applicable at the regional level. No remedial or reductive measures are therefore considered necessary with respect to employment at a regional level during the operational phase.

Local

The operational phase offers potential for longer-term positive economic impacts in the local area through both the employment offered directly by the hospital and due to the creation of a local sustainable, enterprise base. No remedial or reductive measures are therefore considered necessary in this regard.

5.1.13 Predicted Impact of the Proposal on Employment

5.1.13.1 Construction Phase

National

At the national level, impacts relating to this phase of development would primarily be the economic and social benefits derived from the enhanced healthcare delivered by the new children's hospital. More broadly economic impacts will arise from the investment which will support jobs in the national economy through the construction of the children's hospital satellite centres and spending on other components such as ICT and equipment²⁷.

Regional

The proposed development is predicted to be capable of providing important direct temporary construction employment, with 1,700 on site job years sustained during the construction phase. Given the existing high levels of unemployment in the construction sector there are likely to be labour resources available, thus it is predicted that the jobs created would bring new employment to the Region as oppose to displace existing employment.

Local

The benefits of the development in terms of economic output and employment will apply directly to the local area. Given the c.700 construction-related workers signing onto the Live Register locally it is predicted that there is potential for employment additionality at a local level. In this regard it is proposed that the Applicant will accept 'social clauses' as part of the planning permission and through construction contracts that will help ensure not only that there is a direct benefit for the local area in terms of employment but that the benefit is targeted at those areas which warrant particular focus i.e. long-term unemployment and youth unemployment, see NPHDB 'Harnessing the Potential' Report attached as Appendix 5.1.

It is also predicted that in the longer-term there will be further demand-side impacts from the on-going operation of the hospital which offer potential to assist in the on-going regeneration of the local area as outlined in the NPHDB 'Harnessing the Potential' Report.

5.1.13.2 Operational Phase

National

It is predicted that the total economic contribution of the new children's hospital will extend beyond the activity generated within it in terms of wages and payments for hospital goods and services, to the generation of additional secondary activity. Such impacts will be most applicable at the regional and local levels. At the national level the operational phase is not predicted to have any significant impact.

²⁷ NPHDB Report - "Harnessing the potential - Maximising the community benefit from the new children's hospital", 2015.

Regional

The healthcare industry is a significant contributor to economic activity, extending beyond the activity generated within them through the economy and generating additional secondary activity. It is predicted that hospital will create indirect and induced economic activity within the Region specifically in relation to the opportunity to create medical and research hubs.

Local

It is predicted that the National Paediatric Hospital Project at St. James's Hospital campus will impact the economy of the local area as it will offer major potential for a range of cohorts within the community.

It is predicted that the hospital when operational will have measurable positive labour market outcomes above their primary objective of providing healthcare. As outlined in the NPHDB Report '*Harnessing the Potential*' such opportunities will come from areas such as research as well as the wider regeneration of the area. Overall, the development is likely to have positive knock on economic impacts for local businesses.

5.1.14 Cumulative impact of the new children's hospital development on Employment

The new children's hospital will form the epicentre of the network of paediatric care in Ireland and when operational, it will see an additional 3,000 staff at the St. James's Hospital campus. While a large portion of these jobs will be transferred from Our Lady's Children's Hospital Crumlin, the National Children's Hospital at Tallaght and Temple Street Children's University Hospital, c. 450 additional hospital staff will be employed when operational, with at least an additional 100 expected to be employed from hospital spending and from patient, visitor and staff spending²⁸.

As above, research on the impact of hospitals on local labour markets found that hospitals provide a significant number of non-health related employment and higher wage jobs to residents based on education level²⁹. Other benefits are identified in the NPHDB '*Harnessing the Potential*' Report and include *inter alia* research, regeneration and enterprise opportunities which have the potential to make a significant impact on the local area.

The co-location of medical uses at St. James's Hospital campus, along with research facilities, may also act as an attractor for other related medical and service sectors to locate to this part of the City, with the hospital itself likely to draw visiting medical professionals from Ireland and internationally. The NPHDB '*Harnessing the Potential*' Report references a number of examples of hospitals including *inter alia* the Boston Children's Hospital and Cincinnati Children's Hospital where the research areas have grown and attracted more enterprise and synergies to form from the creation of innovative clusters³⁰.

Both the Urban Initiatives Report and the NPHDB '*Harnessing the Potential*' Report identify the regeneration opportunities presented by the proposed development, referencing the Initiative for Competitive Inner City document. This document views an institutional anchor like a hospital as having seven roles in supporting the regeneration of local communities as illustrated on Figure 5.8 below.

²⁸ NPHDB Report - '*Harnessing the potential - Maximising the community benefit from the new children's hospital*', 2015.

²⁹ J. Dorfman & A. Mandich (2014) *The Impact of Hospitals on Local Labor Markets: Going Beyond IMPLAN*

³⁰ NPHDB Report - '*Harnessing the potential - Maximising the community benefit from the new children's hospital*', 2015.



Figure 5.8: The role of a local community development anchor³¹



In terms of cumulative impacts on employment as a ‘cluster anchor’ the Urban Initiatives Report asserts that the investment at St. James’s Hospital campus can draw other health related industries and suppliers to the area creating a cluster in close proximity with the clinical practitioners and generating economic growth and investment that will benefit both the local area and the city. The Urban Initiatives Report states that in the long term the corridor should be recognised nationally and internationally as Dublin’s creative, health and innovation cluster providing significant numbers of jobs, generating a significant proportion of the Dublin’s gross value added, supported by a vibrant and prosperous residential hinterland.

In addition, the new children’s hospital will also provide a platform for the development of St. James’s Hospital campus as a whole as outlined in the capacity study that demonstrates how future development might potentially be accommodated on the Campus, see the Architectural Design Report. The future cumulative development of St. James’s Hospital campus, to include the emerging future Maternity Hospital, will have an important role to play in the implementation of the Model of Care and also has potential to further impact employment in health related areas and ancillary services, in the local and wider area. While the impacts of the future development of St. James’s Hospital campus are best examined and assessed when the details of such proposals are known, the provision of the new children’s hospital represents an important step both in terms of the implementation of the Model of Care and also the future role of St. James’s Hospital campus in national healthcare.

5.1.15 Community – Receiving Environment

St. James’s Hospital campus as a healthcare campus is a well-established facility. While the new children’s hospital will form part of and contribute to the range of healthcare services offered on campus, achieving co-location initially and ultimately tri-location with the emerging future Maternity Hospital, it differs from regular acute hospitals in its operation. Such hospitals treat one-off acute illnesses or injuries on a short term basis, however, the new children’s hospital will provide national tertiary and quaternary paediatric services to children with acute severe illnesses and chronic complex conditions. Such patients can be resident at the hospital for long periods of time, with many having a lifelong relationship with the hospital, returning as out-patients.

The lands surrounding St. James’s Hospital campus are urban in nature and comprise a mixture of land uses typical of such a location including *inter alia* residential, commercial, industrial and recreational uses. The receiving environment from a community perspective, therefore, comprises of three principal elements as follows:

³¹ Initiative for Competitive Inner City, as cited in the Urban Initiatives Report - *National Paediatric Hospital – Local Regeneration Opportunities*

- The resident community
- The working community
- The visiting community

The impacts likely to be experienced by the community relate to the physical enjoyment of the local area and accessibility to local amenities. As such they are likely to be sensitive to the following types of impacts:

- Traffic/Access
- Loss of amenity (Noise, Dirt, Dust, etc.)
- Landscape & Visual Amenities
- Community Severance

5.1.15.1 The Residential Community

The resident community in the first instance includes the patients residing temporarily in the hospital itself. These inpatients, which will come from all over the island of Ireland, will be aware of the proposed development during construction and operational phases.

Beyond the campus boundary the proposed development will adjoin established residential areas at Mount Brown, Cameron Square, O Reilly Avenue, Brookfield Road and South Circular Road. While these surrounding residential communities will be familiar with the current operations of the established facilities on campus, they are likely to also become aware of any additional adverse impacts on their residential amenities arising from the proposed development.

5.1.15.2 The Working Community

The working community first and foremost includes the existing staff employed on St. James's Hospital campus and the working community who are resident in the surrounding residential areas. Thereafter there are a number of local commercial premises proximate to St. James's Hospital campus, including those located in Rialto Village, those along James's Street and the commercial and leisure facilities at Fatima.

5.1.15.3 The Visiting Community

Given the range of facilities provided on St. James's Hospital campus, including *inter alia* an in-patient hospital, there is an associated visiting community to the lands in question. Visiting hours are 14:30 (2.30pm) - 15.30 (3.30pm) and 19:00 (7pm) - 20:00 (8pm). Visitors would also include out-patients attending the hospital to avail of follow up services following discharge. The visiting community could also be said to extend to in and out patients.

5.1.16 Potential Impacts of the Proposed Development on Community

5.1.16.1 Construction Phase

The Resident Community

As St. James's Hospital provides in-patient care it has a resident population on site. However, the majority of the resident population in the vicinity of the proposed development site is outside the hospital campus, thus the 'resident community' typically refers to the surrounding residential community outlined above.

The resident community is likely to experience impacts arising from loss of amenity associated with the construction phase in the first instance. Impacts arising from noise and vibration emissions are assessed in Chapter 11 - Noise and Vibration. Impacts arising from construction traffic emissions, and dirt and dust emissions arising from demolition and excavation works during the construction phase are addressed in Chapter 12- Air Quality and Climate. In addition to construction dust, there is the potential for *Aspergillus* impacts (Legionnaires' disease) to occur. Construction traffic with respect to impact on the local road network is addressed in Chapter 6 - Traffic and Transportation. In this regard it should be noted that the Campus will continue to remain accessible to out-patient and visitor traffic (visitor parking and patient drop off) from James's Street, with staff vehicles and service traffic able to access internal areas. As the construction compound is to be located at Davitt Road, Chapter 6 – Traffic and Transportation also includes details on the construction access routes i.e. one via South Circular Road/Mount Brown and the second via the South Circular Road/Suir Road, as well as the proposed construction access provisions on site including:

- The new permanent roadway to the west of St. James's Adult Hospital
- A section of the new internal road to the west of O'Reilly Avenue
- A section of the access ramp from Mount Brown
- A temporary roadway within the Linear Park (along the LUAS red line) and connection to the existing traffic signals at the junction of South Circular Road and Brookfield Road

During the construction phase the resident community may experience some temporary disruption attributable to works to vehicular entrances and alterations to car parking within the Campus, which will be reduced by 597 spaces. An outline Construction Management plan has been prepared to mitigate any disruption as far as possible, and impacts are expected to be temporary. Similarly works along the public road may also impact the surrounding resident community with the likely impacts with respect to traffic described in Chapter 6 – Traffic and Transportation of this EIS. The outline Construction Management Plan has been prepared to mitigate potential impacts.

During the construction phase the resident community is likely to experience visual impact attributable to a change to landscape and visual amenities. Such impacts arise due to changes in the site to facilitate the proposed development, the new build within the site, and alterations to boundary treatments specifically along South Circular Road, to the linear park and to the boundaries with Cameron Square and O'Reilly Avenue. These impacts are described in detail and comprehensively assessed in Chapter 14 - Landscape and Visual Impact Assessment.

The Working Community

The impacts of the proposed development during the construction phase will also be experienced by the working population on St. James's Hospital campus. This working community on site will increase during the construction period, having regard to the c.1,700 construction workers which will be on site over the duration of the build³². In this regard loss of amenity and accessibility issues described in this EIS in relation to Traffic and Transportation – Chapter 6, Noise and Vibration – Chapter 11 and Air Quality and Climate – Chapter 12 are likely to negatively impact both existing staff and temporary construction staff. However, given the high level of accessibility to St. James's Hospital campus via public transportation and subject to the application of appropriate mitigation measures and controls noted below, such impacts would not be significant and would be temporary in nature.

The wider working community in the area will be more detached to the changes to the physical environment in comparison to those working on St. James's Hospital campus.

The NPHDB '*Harnessing the Potential*' Report examines in detail the issue of social clauses and community benefit, setting out actions which form a road map for maximising the potential impact of the new children's hospital within the area. The NPHDB '*Harnessing the Potential*' Report identifies the total 'job years' for each category of employment, see Table 5.5 above and looks at the apprenticeship curriculum and peak employment and apprenticeships³³. The inclusion of such clauses, which would target jobs at the local community and in areas experiencing high levels of unemployment, would have a positive impact on the local working community.

In addition, the development of the hospital represents a major stimulus to the local area economy which can bring a range of positive impacts. At construction stage there may be positive economic spin off for local businesses as the construction workers avail of local services.

The Visiting Community

The impacts of the construction phase of the proposed development will be acutely experienced by out-patients and other visitors to the hospital. In this regard loss of amenity and accessibility issues described in this EIS including *inter alia* Traffic and Transportation – Chapter 6, Noise and Vibration – Chapter 11 and Air Quality and Climate – Chapter 12 are likely to be significant but temporary in nature. The wider visiting community will experience the construction phase of the proposed development in a more detached manner, especially having regard to the accessibility of St. James's Hospital campus via public transportation.

5.1.16.2 Operational Phase

As set out in the NPHDB '*Harnessing the Potential*' Report there are clear and tangible benefits to having a hospital in the local area.

³² Note: this is over the entire construction period.

³³ NPHDB Report - '*Harnessing the potential - Maximising the community benefit from the new children's hospital*', 2015.

The Resident Community

The completion of the new children's hospital and the commencement of its operation is likely to be experienced as a significant positive impact by in-patients, as the quality of paediatric care improves and the care environment is significantly enhanced. This impact will be experienced at a national level.

Local residents are also likely to experience positive impacts such as permeability and accessibility from both South Circular Road and the linear park/Rialto LUAS stop to the south will be enhanced. Chapter 6 - Traffic and Transportation addresses the issue of impacts relating to traffic and the local road network during the operational phase of the hospital predicting that the mitigation proposals included as part of the Transport Strategy ensures that the increase in traffic levels and associated impact during these periods are kept to a minimum.

In relation to Noise and Vibration, Chapter 11 outlines that during the operational phase, potential causes of disturbance are considered to be limited to building services plant, additional vehicles on the existing road system, car parking activity, helicopter movements, traffic on the internal road network and waste/service yard activities. It is predicted that with appropriate mitigation none of these will increase the existing noise climate sufficiently so as to be likely to cause disturbance.

During the operational phase the resident community is likely to experience visual impacts attributable to a change to landscape and visual amenities. Such impacts would be attributable to the change to the site itself in providing the proposed development, to the new children's hospital building, and to the alterations to boundary treatments specifically along South Circular Road, to the linear park and boundaries with Cameron Square and O'Reilly Avenue. These impacts are described in detail and comprehensively assessed in Chapter 14 - Landscape and Visual Impact Assessment.

The Working Community

The completion of the proposed development and commencement of the operation of the new children's hospital is likely to be experienced as a significant positive impact by the staff working within the hospital. Many of these staff will have come from the three existing out-dated facilities at Tallaght, Crumlin and Temple Street and the new children's hospital will represent a significant improvement to their working environment.

The wider working community in an area will often perceive changes to the physical environment with less intensity, and in a more detached manner in comparison. Loss of amenity during construction and accessibility issues during construction and operational phases are described in other chapters of this EIS including *inter alia* Traffic and Transportation – Chapter 6, Noise and Vibration – Chapter 11 and Air Quality and Climate – Chapter 12. There may be positive economic spin off for local businesses during the construction and operational phases, where construction workers, staff, patients and visitors avail of local services.

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The Visiting Community

The completion of the new children's hospital and the commencement of the operational stage is likely to be experienced as a significant positive impact by out-patients and visitors to the hospital.

In common with the wider working population, the wider visiting community will experience the proposed development in a more detached manner. Loss of amenity during construction and accessibility issues during construction and operational phases are described in other chapters of this EIS including *inter alia* Traffic and Transportation – Chapter 6, Noise and Vibration – Chapter 11 and Air Quality and Climate – Chapter 12.

5.1.16.3 'Do Nothing' Scenario

If the proposed new children's hospital were not to proceed, the perceptions of the resident, working and visiting communities would remain unchanged.

However, the 'do nothing' scenario would represent a loss to the national healthcare infrastructure and in turn to the resident, working and visiting communities. This would have a negative impact for the patients and staff of the 3 no. existing children's hospitals, who would not benefit from any enhancement of existing facilities and also to the visiting community to the hospitals. The resident community would also be negatively affected as the investment in the area would be lost. This loss of investment would also negatively impact the surround working community who would not benefit due to spin-off business from the hospital.



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5.1.17 *Avoidance, Remedial or Reductive Measures – Community*

The scale and area of the proposed development will inevitably lead to some adverse localised impacts during the construction phase. It is expected that these adverse impacts would be experienced mainly by the patients and staff on St. James's Hospital campus, the surrounding residential areas and to a lesser extent by the visiting community.

In relation to the existing residential community, condition surveys have, and will, be carried out pre, during and post construction to ensure that the integrity of the neighbouring properties is not compromised and as such there will not be a negative impact on the residential community. Extensive consultations (as outlined in the Planning Report) has been undertaken with local residents through which these surveys and other matters have been discussed.

The potential adverse impacts likely to be experienced relate to loss of amenity in relation to noise, vibration, dust, dirt, construction traffic, during construction phase, and traffic during operational phase. Impact on visual amenities is a more subjective experience which will differ depending on the viewpoint. All of these potential impacts and associated mitigation measures where necessary are discussed in other chapters of this EIS, specifically Traffic and Transportation and the mitigation proposals included as part of the Transport Strategy are included in Chapter 6. Chapter 11 addresses the issue of Noise and Vibration outlining the appropriate mitigation measures.

In relation to remedial measures as described in Section 5.1.11.1 above and in the NPHDB '*Harnessing the Potential*' Report, the introduction of Social Clauses will focus on reducing the level of the long-term unemployed and provide training opportunities for the youth unemployed at a local level. This will have a direct positive impact on the working community within the local area as it will target the long-term unemployed and youth unemployment.

In relation to *Aspergillus*, prevention works will take place before construction commences. The prevention works will involve sealing the windows to the facades of the Keith Shaw, Hollywood & Stevenson, William Wilde, Benett and Colles wards. These works will form part of an *Aspergillus* prevention plan and will ensure the prevention of *Aspergillus* spores spreading. These are referred to in Chapter 12 and the outline Construction management Plan.

5.1.18 *Predicted Impact of the Proposal on Community*

5.1.18.1 *Construction Phase*

The Resident Community

It is likely that any impacts emerging from the construction phase of the development will be temporary and will result in a general loss of amenity, for example an increase in the daytime noise levels in the locality, albeit within statutory limits, dust from construction traffic etc. However, through the implementation of the remedial and reductive measures proposed during the construction period, such impacts from the proposed development on the resident communities in the area will not be significant and any impact will only be temporary in nature.

The Working Community

The temporary impacts from the construction phase of the development will mainly affect the employees and patients on St. James's Hospital campus and will again relate to general amenity loss. The implementation of the remedial and reductive measures proposed during the construction period, will ensure that such impacts will not be significant.

The implementation of the Social Clauses discussed above and in the NPHDB '*Harnessing the Potential*' Report, will target the long-term unemployed and youth unemployment in the area. This initiative should help reduce the long-term unemployed and will provide training opportunities for the youth unemployed at a local level.

In addition, and as detailed in the NPHDB '*Harnessing the Potential*' Report, the development of the hospital will represent a major stimulus to the local area economy, the construction stage of which will bring positive economic spin offs for local businesses as the construction workers avail of local services.

The Visiting Community

It is likely that any impacts emerging from the construction phase of the development will be temporary and will affect the visiting community to the area and to St. James's Hospital campus insofar as it will generate general loss of amenity impacts. However, implementation of the remedial and reductive measures proposed during the construction period, the impact of the proposed development on communities in the area will not be significant and any impact will only be temporary. *Aspergillus* risk will be managed in advance of construction and it is not expected that further impacts will occur.

5.1.18.2 Operational Phase

The Resident Community

There are a number of impacts predicted arising from the operational phase of the new children's hospital on local residents. Traffic, Micro Climate and the Landscape & Visual impacts are assessed in Chapters 6, 13 and 14 respectively of the EIS respectively. While the overall landscape/townscape and visual impact of the proposed development from close-distance locations can be described as significant and often positive, it is accepted that there is a very notable change in the existing visual environment for many residential properties in Cameron Square, Ceannt Fort, along Mount Brown, along Brookfield Road and Street and at the eastern end of South Circular Road and Mount Shannon Road. As such the initial temporary and short-term visual impact from such areas and properties will be viewed as being negative.

As outlined in the Urban Initiatives Report, see Appendix 5.2, the significant investment on St. James's Hospital campus could and should have tangible social and economic benefits for the wider community and act as a catalyst for a wider regeneration of the area³⁴. The Urban Initiatives Report highlights significant benefits for the local neighbourhood stemming from the additional activities at the campus as including:

- Opportunities for existing and new local businesses to flourish / establish to serve the hospital;
- Potential for new jobs (both direct and indirect) for local people both through the construction period and once the hospital has opened;
- Investment in local housing and construction of new affordable homes to provide for the new workforce; and,
- Greater activity within the area making the streets safer and removing the blight caused by vacant and under-utilised sites³⁵.

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The Working Community

It is predicted that the staff of the new children's hospital, many of which will have transferred from the three existing children's hospitals, will experience a significant positive impact in relation to working conditions and the quality of facilities.

The Visiting Community

It is predicted that those visiting the new children's hospital, will experience a significant positive impact in relation to the quality of the facilities and the range of clinical specialities provided.

5.1.18.3 Worst Case

The failure of the proposed new children's hospital to proceed, or the failure of any of the proposed mitigation measures, would not lead to any profound, irreversible or life-threatening consequences to any of the local communities. However, failure of the proposed mitigation measures may lead to loss of amenity for the local community. It is not predicted that the mitigation measures proposed would fail.

Were the proposed development not to proceed to implementation stage, this would represent a lost opportunity to significantly improve healthcare provision for sick children in the island of Ireland and would impact on the implementation of the Model of Care. It would also represent a substantial loss of investment in the local area.

³⁴ Urban Initiatives Report – “National Paediatric Hospital - Local Regeneration Opportunities”, 2015.

³⁵ Urban Initiatives Report – “National Paediatric Hospital - Local Regeneration Opportunities”, 2015.



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5.1.19 Cumulative impact of the new children's hospital development on Community

5.1.19.1 Construction Phase

The likely impacts experienced by human beings and the local resident, working and visiting communities during the construction phase will generally relate to loss of amenity due to *inter alia* noise, vibration, dust, dirt, construction traffic during construction phase.

An impact on the landscape and visual amenity will also be experienced and is a relevant consideration of human beings. All such potential impacts and any associated mitigation measures are described and assessed in the relevant chapters of this EIS.

5.1.19.2 Operational Phase

During the operational phase the likely impacts experienced by human beings and the local resident, working and visiting communities will generally relate to traffic and the impact on visual amenities. These potential impacts and any associated mitigation measures are described and assessed in the relevant chapters of this EIS.

In relation to cumulative impact the Report by Urban Initiative notes that major institutions including the National Paediatric Hospital and St. James's Hospital can have a significant positive impact on the local area and its future success and that the success of major institutions is intrinsically linked with the success of the neighbourhood within which they are located. In this regard the Urban Initiative Report states that major institutions cannot thrive while their surrounding neighbourhoods fail and that a vibrant neighbourhood contributes greatly to an institution's competitiveness and viability³⁶.

5.1.20 Monitoring

In relation to monitoring the applicant intends to work closely with the local community and is willing to accept a condition attached to the permission that requires the following:

- The establishment of a Community Benefit Oversight Group and the appointment of a Community Engagement Manager for the period of construction. Details of the structure, functioning and membership of the group, including representation from the applicant, the local community and the Planning Authority will be agreed with the Planning Authority.
- That the Community Benefit Oversight Group shall systematically assess the impacts on the environment, during construction, within an area up to one kilometre from the campus and shall send a report in writing to the contractor in June and December each year, which shall identify any problems arising and put forward mitigation measures.
- That the applicant and contractor shall make annual payments to be agreed with the Community Benefit Oversight Group (updated at the time of payment in accordance with changes in the Wholesale Price Index – Building and Construction) to a funding programme, which may be used to meet the costs of the general activities of the Community Benefit Oversight Group, including in respect of works of environmental maintenance and improvement in the area and for social and educational activities benefiting the local community.
- That the provision for social clause targets be made in any contract for development of the new children's hospital at St. James's Hospital.

5.1.21 Reinstatement

The National Paediatric Hospital Project and has an important role to play in the delivery of healthcare facilities to children and young people going forward. Reinstatement is therefore, not considered.

³⁶ Urban Initiatives Report – “National Paediatric Hospital - Local Regeneration Opportunities”, 2015.

5.2 Tallaght Hospital

5.2.1 Introduction

This Section of the EIS considers the human environment in the vicinity of Tallaght Hospital campus in the terms of population profile and trends, employment and community.

5.2.2 Methodology

The methodology for this Chapter involves the analysis, examination and compilation of all relevant population and socio-economic data collected by the Central Statistics Office. In addition, relevant planning and land-use documents for the area including the South Dublin County Development Plan, 2010-2016, the Regional Planning Guidelines for the Greater Dublin Area and additional relevant documents have all been examined.

Following the examination of the relevant baseline information on the existing population and socio-economic situation in the area, this Section provides an assessment of the potential impacts of the proposed children's hospital satellite centre at Tallaght Hospital campus. As outlined in Section 5.1.2 two types of socio-economic impacts can typically arise, direct and indirect impacts. The ameliorative/mitigation measures required to minimise impacts, if necessary, are also set out.

The below assessment will examine the impact of the relatively small scale children's hospital satellite centre at Tallaght Hospital campus on human beings in the areas of population, employment and community.

5.2.3 The Receiving Environment

As outlined in the NPHDB 'Clinical Case' Report, included as an appendix to Chapter 2 of this EIS, the Model of Care document describes the model of care, the 'Hub and Spoke' model, for the new children's hospital satellite centres and describes how these are an essential and integral part of the new children's hospital model of care. The aim of the new children's hospital satellite centres is to promote and guarantee the provision of high quality, safe clinical care to every child, every time, s/he attends the new children's hospital satellite centres³⁷.

Locally Tallaght Hospital campus is located immediately north of Tallaght Town Centre. The Campus is accessible from Belgard Square North, with Cookstown Way and the LUAS red line bounding the campus to the west. The internal hospital road forms a natural boundary to the east, connecting with and providing access from Fourth Avenue. Exchange Hall, a mixed-use office and residential development fronts Belgard Square North to the south of the campus, while Forth Avenue consists primarily of industrial units. The lands on Tallaght Hospital campus subject of this EIS are located immediately south of the main hospital entrance.

Given the location of the application site, adjacent to the existing hospital, and the relatively limited scale of the proposal, the surrounding context is defined by the campus and associated medical uses. In this regard there is no direct interaction with the surrounding areas outside the Campus. The Campus is defined by its medical uses, with the adult hospital located in the southern part of the campus and the existing children's hospital located in the northern part.

Having regard to the defined nature of Tallaght Hospital campus and the limited scale of the proposed development, the examination of a study area incorporating the Electoral Division of Tallaght – Springfield (within which Tallaght Hospital campus is located), is considered reasonable. A combination of statistics for this Electoral Division were examined along with similar statistics for South Dublin, the Greater Dublin Area and State.

5.2.4 Characteristics of the Proposed Development

In accordance with the Model of Care, the current proposal represents the provision of a new children's hospital and two satellite centres, one at Tallaght Hospital campus and the other at Connolly Hospital campus. The children's hospital satellite centre at Tallaght is to be located on a site immediately south of the main hospital entrance and is bound on all side by the hospital campus.

The proposed development essentially comprises the construction of a new, purpose built children's hospital satellite centre, with a gross floor area of c. 4,466 sq.m which will connect into the existing adult hospital. The Centre will physically be an extension to Tallaght hospital, it has been designed to tie into the existing hospital building and will provide for the upgrading of areas within the existing hospitals that will function as part of the children's hospital satellite centres

³⁷ NPHDB Report - "The clinical case for the new children's hospital, its satellite centres and tri-location"



A more detailed description of the development is provided in Chapter 2 - Development Description.

5.2.5 Population – Receiving Environment

A detailed examination of the local population in the Tallaght – Springfield Electoral Division is set out below. Data generated by the 2002, 2006 & 2011 Census is compared in order that an analysis of demographic trends may be presented. Figures for the Tallaght – Springfield Electoral Division area are compared with those for the State, Greater Dublin Area, Dublin County and South Dublin areas, in order to contextualise the local area statistics.

5.2.5.1 Population Trends

As shown on Table 5.6 below, between 1996 & 2002 Tallaght – Springfield Electoral Division experienced a population decrease of -0.2% well below that of the State which grew by +8% and South Dublin at +9.2%. While the Electoral Division grew by +1.1% between 2002-2006 this was again well below all other areas examined. However, over this period the rate of growth in South Dublin declined to +3.4%, less than half the rate of growth experienced in the Greater Dublin Area and State and below the +5.7% experienced in County Dublin. This may be indicative of the area covered by the Electoral Division which includes the Tallaght Town Centre, industrial lands and established, relatively low density, residential areas to the west all of which limit development potential for new residential units.

However, there was a marked change between 2006-2011 as Tallaght – Springfield Electoral Division grew by 13.7% well in excess of all other areas examined and almost double South Dublin at +7.4%. This growth in the Electoral Division coincides with the redevelopment of Tallaght Town Centre and the provision of higher density residential units within the Electoral Division, proximate to the LUAS.

Overall, however, the growth in the Tallaght – Springfield Electoral Division of +16.9% between 1996-2011 was well below that of South Dublin at +21.3%, Dublin Couth at +20.3% respectively, and the Greater Dublin Area and State at +28.3% and +26.5% respectively.

Table 5.6 Population Growth 1996 – 2011*

Area	1996	2002	2006	2011	1996-2002	2002-2006	2006-2011	1996-2011
Tallaght – Springfield	7,803	7,787	7,876	9,123	-0.2%	+1.1%	+13.7%	+16.9%
South Dublin	218728	238835	246935	265205	+9.2%	+3.4%	+7.4%	+21.3%
Dublin County	1,058,264	1,122,821	1,187,176	1,273,069	+6.1%	+5.7%	+7.2%	+20.3%
GDA	1,405,671	1,535,446	1,662,536	1,804,156	+9.2%	+8.3%	+8.5%	+28.3%
State	3,626,087	3,917,203	4,239,848	4,588,252	+8%	+8.2%	+8.2%	+26.5%

*The figures contained in Table 5.6 have been rounded off for presentation purposes.

5.2.5.2 Population Change 2002 - 2011

Between 2002 and 2011, the population of South Dublin grew by 11%, below all the other areas examined. These figures may be attributable to the urban sprawl of the Greater Dublin Area into 'commuter towns' due to availability and affordability of housing. The 2006-2011 figures, however, show a noticeable increase in population both in the Tallaght – Springfield Electoral Division and to a lesser degree in South Dublin. This may be indicative of the housing market responding to a demand for affordable houses at accessible locations more proximate to Dublin City than commuter Towns are.

Tallaght was chosen for the location of one of the children's hospital satellite centres following an analysis of the demographics of the area and a detailed location analysis. The examination of local population is, however, still relevant with respect to the potential employment benefits, the opportunities provided or other services which might be displaced. In relation to the latter it is important to note that Tallaght Hospital is a well-established and long-running use in the area and includes the existing children's hospital which will be amalgamated into the new children's hospital. While this will result in staff and jobs being relocated to St. James's Hospital campus, it is estimated that c. 90 staff will work at the children's hospital satellite centre at Tallaght Hospital campus.

5.2.5.3 Age Profile

As noted in Section 5.1.5.3 the age profile of the area is an important consideration in the provision of healthcare, education and employment. Utilising the Small Area Population Statistics for 2011, again the three factors were looked at in analysing the population structure of the receiving environment as follows:

- The dependent population (i.e. those persons within the 0-14 and 65+ age cohorts)
- The working/independent population (i.e. those persons in the 15-64 year age cohorts)
- The childbearing age cohorts, aged 25-44.

These age categories at the State, Regional, County, Local and Electoral Division Level are shown in Table 5.7 below.

Table 5.7 Age Profile at State, County and Local Level, 2006-2011*

Area	% Aged 0-14		% Aged 15-24		% Aged 25-44		% Aged 45-64		% Aged 65+	
	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011
Tallaght – Springfield	17.6	20.2	19.3	12.3	31.9	38.8	25.7	21.3	5.5	7.4
South Dublin	21.7	23.1	16.4	13.1	33.1	33	21.6	22.1	7.2	8.7
Dublin County	18.4	19.3	16.2	13.6	34.5	34.9	20.6	21.3	10.3	10.9
GDA	19.6	20.8	15.6	13.1	34.4	34.2	20.7	21.5	9.7	10.4
State	20.4	21.4	14.9	12.6	31.7	31.6	22	22.7	11	11.7

*The figures contained in Table 5.7 have been rounded off for presentation purposes.

Dependant Age Cohorts (0-14 and 65+)

The proportion of dependants (0-14 and 65+) within the population of the Electoral Division of Tallaght-Springfield in 2011 was recorded at c.27.6%, down c.4.5% since the 2006 Census. This is proportionally less than the dependant figures recorded for any of the other areas examined. Although Dublin County has a lower percentage in the 0-14 age cohort at 19.3% versus 20.2% in the subject Electoral Division, it has a higher proportion in the 65+ age cohort at 10.9% versus 7.4% in the Tallaght-Springfield Electoral Division. This shows that the Study Area has a younger population than any of the other areas examined, which may be indicative of the fact it covers Tallaght Town Centre, the residential dwelling type contained in which may be more attractive and accessible to younger age cohorts.

Independent/Working Age Cohort (15-64)

Census 2011 shows a decrease from 2006 in the working age (15-64 years) profile for the State, the Greater Dublin Area and Dublin County. The percentage population in the working age cohort decreased in South Dublin from 71.1% in 2006 to 68.2% in 2011. This decrease is reflected in the Tallaght-Springfield Electoral Division which also decreased by c.4.5% from 76.9% in 2006 to 72.4% in 2011. Notwithstanding this the Electoral Division has the highest percentage of population of working age (15-64 years) of all of the areas analysed in Table 5.7 above.

Persons contained in the 15-24 age cohort will have medium term impacts in social and economic terms, as they seek to enter the workforce and to set up independent households. In addition, the high representation in the population of the working age cohort in the Tallaght-Springfield Electoral Division has implications for the provision of housing, employment and support services.



Childbearing Age Cohort (25-44)

The childbearing age cohort (25-44) of the Study Area is notable at 38.8% in 2011, an increase of 6.9% from 2006 and also when compared to the State at 31.6% and South Dublin at 33%. This indicates that the proportion of young families and children in the Study Area may increase further in the future as the 25-44 age cohort contains the child bearing (female) age group. This is relevant when considering requirements for housing, employment and childcare facilities.

5.2.6 Potential Impacts of the Proposed Development on Population

5.2.6.1 Construction Phase

While the development of the new children's hospital would be the largest healthcare project ever to be undertaken in Ireland, the children's hospital satellite centre at Tallaght Hospital is a relatively small scale development. It is anticipated that subject to a grant of planning permission, construction would commence from Q1 2016 and be completed in approximately 18 months. The construction work at Tallaght is expected to create in the region of 200 construction jobs, of which 100 will be on site.

As discussed above, while the children's hospital satellite centre at Tallaght Hospital has an integral role in the national Model of Care and will provide an important regional service it is not anticipated that the construction phase will have an impact on the population profile of the area. Given the relatively small scale of the build it is expected that those employed during the construction phase will for the most part travel from their existing residence rather than taking temporary accommodation in the area. Where there is an impact on population, such as any growth or decline, arising from the construction phase this would be transient. Potential impacts in relation to 'Employment' and 'Community' are considered elsewhere in this Chapter.

5.2.6.2 Operational Phase

At a national level, the children's hospital satellite centre at Tallaght Hospital will form part of an enhanced healthcare service delivered in conjunction with the new children's hospital. As part of the delivery of improved healthcare facilities for children and young people the existing facility at Tallaght Hospital will be relocated to the new children's hospital at St. James's Hospital campus.

While such workers would be resident throughout the Region, their relocation to St. James's Hospital campus may result in a redistribution of a small portion of the population from Tallaght closer to St. James's Hospital campus. It is expected however, that any such redistribution would be limited due to the accessibility of both Tallaght and St. James's Hospital campus by public transportation, with the LUAS Red Line directly connecting both campuses, and also due to ties to existing places of residence. It is estimated that c. 90 staff will work at the children's hospital satellite centre at Tallaght Hospital, a portion of which would be expected to result in relocations to the area and the generation of a limited demand for residential properties. Therefore, the impact on population is likely to be minor or even 'self-cancelling'.

5.2.6.3 Do Nothing

The "do nothing" scenario would result in the failure to implement the Health Service Executive's Clinical Programme for Paediatrics and Neonatology and transform the paediatric healthcare services in Ireland. The national tertiary and quaternary paediatric services would continue to be provided in the three existing out-dated facilities at the National Children's Hospital at Tallaght, Our Lady's Children's Hospital Crumlin and Temple Street Children's University Hospital.

To adopt a "do-nothing" approach would adversely affect the quality of service which is capable of being delivered to children and young adults, specifically at a local and regional level in the case of the children's hospital satellite centre at Tallaght Hospital, and could potentially jeopardise later plans for the campus. As a result, potential direct and indirect social and economic benefits that would accrue from this proposed development for the existing population would not occur if the development were not to proceed.

5.2.6.4 Position if Permission not forthcoming to Tallaght Satellite Development

If planning permission were not granted for Tallaght, then the Applicant could not be able to deliver the proposed Model of Care. This could result in delays to the programme and an adverse impact upon the quality of service which is capable of being delivered locally and regionally of which Tallaght could be an integral part.

5.2.7 Ameliorative, Remedial or Reductive Measures on Population

5.2.7.1 Construction Phase

Given the limited scale of the proposed development the construction phase is unlikely to generate any significant adverse impact on the population. As such, no remedial or reductive measures are identified.

5.2.7.2 Operational Phase

Given the limited scale of the proposed development the operational phase is unlikely to have any significant impact on the population. While the amalgamation of the existing National Children's Hospital at Tallaght into the new children's hospital at St. James's Hospital campus may result in a relocation of workers this is expected to be limited and would be off-set by those relocating to Tallaght to work in the children's hospital satellite centre. No remedial or reductive measures are therefore, required.

5.2.7.3 Worst Case Scenario

The failure of the National Paediatric Hospital Project to proceed would have an impact nationally and regionally in terms of the provision of paediatric care to children and young people. In relation to the children's hospital satellite centre at Tallaght Hospital it is not envisaged that it would have a significant impact on demographics therefore, no remedial or reductive measures are required.

5.2.8 Predicted Impact of the Proposal on Population

5.2.8.1 Construction Phase

Given the scale of the development, it is not envisaged that any significant increase or decrease in the population of the Study Area will occur during the construction phase. In addition it is anticipated that construction workers employed during this phase will travel from their existing residence rather than taking temporary accommodation in the local area. A short term, transient increase in the local working population on-site may be generated by construction employment. This phase is unlikely to generate any significant adverse impact on the demography of the area.

5.2.8.2 Operational Phase

It is envisaged that there will be a positive impact, albeit relatively minor, on the population of the Study Area, specifically the working population, during the operational phase of the proposed development. It is not envisaged that any impact on the population of the Study Area will be significant.

5.2.8.3 Worst Case

As the development would not result in any profound or irreversible impacts on population, a 'worst case' impact is not applicable in this instance.

5.2.9 Cumulative Impact of the Children's Hospital Satellite Centre Development on Population

While the proposed development is unlikely to have a significant impact on population during the construction or operational phase, it will form part of a network of care that will deliver improved and comprehensive paediatric care for all of Ireland's children and young people. In this regard the children's hospital satellite centre at Tallaght Hospital will have an important regional and local role as the local children's hospital for Dublin, Wicklow, Kildare and parts of Meath and in this context would have a positive impact on population through the provision of improved healthcare facilities for the area.

5.2.10 Employment – Receiving Environment

The impact of the development proposal on employment will be examined in the context of the numbers of persons at work and the levels of unemployment at State, Greater Dublin Area, Dublin County, South Dublin and local level.

5.2.10.1 Trends in the Number of Persons in Work

Between 2002-2006 the State figure of the numbers of people at work grew by c.17.6%, however, the Study Area of Tallaght-Springfield grew at a lower rate of c.9.9%. While this figure is substantially lower than the State, the Greater Dublin Area and County Dublin, it is higher than the growth in South Dublin of c.8.3%. This indicated that while the Greater Dublin Area grew almost in line with the State, the numbers of people at work in County Dublin grew at a slower rate and that in this area South Dublin experienced an even lower level of growth.

Between 2006-2011 there was a decrease in those at work in all areas analysed, likely attributable to the downturn in the economy nationwide. In this regard the total number of people at work in the State, the Greater Dublin Area and County Dublin all declined. However, having experienced substantially less growth than the State between 2002-2006, the Study Area declined in line with the State at 6.7%. South Dublin, however, having experienced the lowest level of growth during this period experienced the highest reduction in those at work, i.e. 10.7%. This indicated that while the study area itself has managed to retain a level of those “at work” in line with the State, the wider South Dublin area has benefitted least from economic growth in this period and has been very susceptible to the economic downturn. Given the age profile for South Dublin is generally in line with that of the State the reason for this is unclear from the statistics and is likely to be attributable to local factors.

Table 5.8 Number of Persons at Work in 2002, 2006 and 2011*

Area	2002	2006	2002-2006	2011	2006-2011
Tallaght – Springfield	3,556	3,946	+9.9%	3,680	-6.7%
South Dublin	110,101	119,280	+8.3%	106,534	-10.7%
Dublin County	508,030	572,896	+12.8%	540,729	-5.6%
GDA	689,157	800,240	+16.1%	753,565	-5.8%
State	1,641,587	1,930,042	+17.6%	1,807,360	-6.4%

*The figures contained in Table 5.8 have been rounded off for presentation purposes.

5.2.10.2 Unemployment Trends

Between 2002-2006 unemployment was rising with the State figure increasing by c.8.6%. However, the Greater Dublin Area, County Dublin, South Dublin and the Study Area all experienced unemployment well in excess of the State. The figure for the Study Area was more than double that of the State with an increase of 20.4%, with the South Dublin area even higher again with an increase of 22.6%. This indicates that South Dublin as an area has historically experienced higher levels of unemployment than the rest of the County and Region, as supported by the lower levels ‘in work’, see Table 5.8.

There was also a noticeable increase in those looking for their first job in the Study Area, up c. 121% between 2002-2006, more than double all other areas and three times that of the State at 38.9%. The relatively higher proportion of persons in the 15-24 age cohort in the Study Area in 2006 is likely to be a contributing factor to this figure, although this in itself does not explain this significant increase. Again South Dublin was well below the State with the numbers of those looking for their first job increasing by c.28.1%. This further indicated that South Dublin was facing challenges in terms of unemployment back as far 2006.

Between 2006-2011 the State’s unemployment level grew by c.160%, while all other areas analysed experienced less of an increase. Although arguable with an already relatively high unemployment rate in 2006, the Tallaght-Springfield Electoral Division grew by c.153.4%, closely in line with the State, however the percentage unemployed in South Dublin grew by less at c.137.1%. While above that of the growth experienced in Dublin County, this growth in unemployment in South Dublin is in line with the Greater Dublin Area figure of 138.5% indicating that South Dublin was generally affected to a similar degree to other Counties within the area. In relation to those looking for a first time job while the numbers in South Dublin grew, the figure for the Study Area decreased by c. 28.1%. This is an exceptional deviation from the growth trend experienced in all other areas studied and may be attributable to the higher than average percentage of the population in the 25-44 age cohort in 2011 which may have been affected by unemployment but which would have been previously employed.

Table 5.9 Number of Persons Looking for First Job & Unemployed having lost or given up previous job in 2002, 2006 & 2011*

Area	2002		2006		2002-2006 Change (%)		2011		2006-2011 Change (%)	
	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.
Tallaght – Springfield	66	387	146	466	+121.2	+20.4	105	1181	-28.1	+153.4
South Dublin	1,383	8,148	1,771	9,988	+28.1	+22.6	2,361	23,678	+33.3	+137.1
Dublin County	6,357	40,919	9,355	46,750	+47	+14.3	10,678	100,771	+14.1	+115.6
GDA	8,146	52,373	11,942	60,827	+46.6	+16.1	13,975	145,079	+17	+138.5
State	21,147	138,199	29,372	150,084	+38.9	+8.6	34,166	390,677	+16.3	+160.3

*The figures contained in Table 5.9 have been rounded off for presentation purposes.

While Census 2011 provides information on employment, this data is somewhat dated, thus such figures do not represent the improvement in employment patterns experienced since 2013. The Live Register provides more informative and up to date statistics on persons registering as being unemployed within the working age cohort. Table 5.10 below uses data from the Tallaght Social Welfare Office to show the trend in individuals signing on to the Live Register since 2002 and acts as a proxy for trends in the Study Area³⁸.

As shown in Table 5.10 the general trend at the Tallaght Office mirrors the sudden and sustained increase in unemployment experienced nationally and elsewhere in Dublin. These figures are only now beginning to return to 2009 figures and are still more than double those of 2008 and indicates that there is still some way to go in reducing unemployment levels.

Figure 5.10 Individuals signing onto the Live Register in Tallaght DSP Office³⁹

2002	3,275	2009	9,528
2003	3,599	2010	10,662
2004	3,609	2011	10,768
2005	3,456	2012	11,858
2006	3,618	2013	11,929
2007	3,798	2014	11,031
2008	5,027	2015	9,801

* Source: Central Statistics Office Live Register Data

5.2.11 Potential Impacts of the Proposed Development on Employment

5.2.11.1 Construction Phase

While the development of the new children’s hospital would be the largest healthcare project ever to be undertaken in Ireland and is the single largest Exchequer-funded infrastructure investment underway in Ireland at present, the children’s hospital satellite centre at Tallaght Hospital is a relatively small scale development. It is anticipated that the construction of the children’s hospital satellite centre at Tallaght Hospital would commence from Q1 2016 and be completed in approximately 18 months. The construction work at the children’s hospital satellite centre at Tallaght Hospital is expected to generate c. 200 construction jobs, of which 100 will be on site.

³⁸ The Social Welfare Offices at Tallaght is most likely to be the relevant locations for the Tallaght-Springfield ED. The figures utilise the 6th month of the year in all years examined as this is the most up to date information available on the Live register at the time of writing.

³⁹ The Social Welfare Offices at Tallaght is most likely to be the relevant locations for the Tallaght-Springfield ED. The figures utilise the 6th month of the year in all years examined as this is the most up to date information available on the Live register at the time of writing.

In addition to the direct financial and employment benefits of the construction programme itself, it is anticipated that other related services, such as building providers, would benefit during the construction programme due to an increase in trade demand. Overall the proposed development has potential to provide short term direct and indirect local employment benefits, and thus benefit to the local economy during the construction phase.

5.2.11.2 Operational Phase

The proposed development, generally comprises an extension to Tallaght Hospital to provide a children's hospital satellite centre for the new children's hospital. As part of the provision of the new children's hospital the existing National Children's Hospital at Tallaght will amalgamate with the other two existing children's hospitals on St. James's Hospital campus. While this will result in the relocation of jobs, many of these will be rotated back through the children's hospital satellite centre and it is estimated that c. 90 staff will work at the children's hospital satellite centre at Tallaght Hospital campus.

It is not anticipated that there will be any significant change in staff, patient or visitor numbers arising from the proposed development. As such, the operational phase of the proposed development is not expected to give rise to any significant impact relating to an increase or decrease in direct or indirect employment on site or in the surrounding area.

5.2.11.3 Worst Case Scenario

The failure of the National Paediatric Hospital Project to proceed would have an impact nationally and regionally in terms of the provision of paediatric care to children and young people. Failure to provide the children's hospital satellite centre at Tallaght Hospital would mean that the quality of the service that Tallaght Hospital is capable of providing to children and young people cannot be improved. Alternatively it may provide an obstacle to future expansion plans, with knock on impact for future employment potential.

If Tallaght were not to proceed then construction jobs could not be created locally and economic benefits would not accrue.

5.2.12 Ameliorative, Remedial or Reductive Measures on Employment

5.2.12.1 Construction Phase

This Phase of development is unlikely to generate any significant adverse impact on the local employment profile and as such, no remedial or reductive measures are identified.

5.2.12.2 Operational Phase

The operational phase is unlikely to have any significant impact with respect to increasing or reducing direct employment opportunities on site or in the local area. Where the National Paediatric Hospital Project proceeds to implementation stage, this presents an opportunity to significantly enhance the quality of paediatric care for children and young people in Ireland, with the children's hospital satellite centre at Tallaght Hospital having a direct positive impact on the provision of such care at a local and regional level.

This will support the continued employment of staff to provide the service from Tallaght Hospital. It will also continue to have likely positive knock on economic impacts for local businesses whose services may be availed of by staff, patients and visitors. No remedial or reductive measures are therefore considered necessary with respect to employment during the operational phase.

5.2.13 Predicted Impact of the Proposal on Employment

5.2.13.1 Construction Phase

The proposed development is predicted to be capable of providing important direct temporary construction employment. It is envisaged that the proposed development will generate 200 construction jobs, of which 100 will be on site.

In addition, it is anticipated that local builders suppliers, retail services and other related services would benefit during the construction period, potentially also providing indirect employment opportunities.

An adverse impact on local employment within the existing hospital is not predicted given the scale of the development proposed.

5.2.13.2 Operational Phase

The operational phase of the proposed development is unlikely to have any significant impact with respect to increasing or reducing direct employment opportunities on site or in the local area.

Where the proposed development proceeds to implementation stage, this presents an opportunity, as part of the National Paediatric Hospital Project, to significantly enhance the quality of the existing service provided to sick children and young people. This is likely to support the continued employment of staff at Tallaght Hospital to provide this service at a regional and local level.

The proposed development is also predicted to continue to have likely positive knock on economic impacts for local businesses whose services may be availed of by staff, patients and their visitors.

5.2.14 Cumulative Impact of the Children's Hospital Satellite Centre Development on Employment

While the new children's hospital at St. James's Hospital campus will employ a substantial number of staff, has the potential to provide a significant number of non-health related employment and may attract other related medical and service sectors to locate to the City Centre such cumulative impacts are not associated with the children's hospital satellite centre at Tallaght Hospital.

The cumulative impact of the children's hospital satellite centre at Tallaght Hospital relates to it being an integral part of the National Paediatric Hospital Project and its role in the implementation of the Model of Care.

5.2.15 Community

5.2.15.1 The Receiving Environment

Tallaght Hospital campus as a healthcare campus is a well-established facility. The proposed children's hospital satellite centre will ensure that the campus continues to provide a range of healthcare services, specifically those relating to the care of children and young adults. The children's hospital satellite centre will support primary and community care paediatrics, reduce outpatient attendance on the main site and significantly reduces emergency department attendance on the main site. Children and young people seen in the children's hospital satellite centres who require urgent care will be transferred to the inpatient unit at the main new children's hospital, a figure which is estimated to be c. 8% of attendees. Children and young people who present at the children's hospital satellite centre and are deemed to be critically ill will be stabilised and transferred to the national paediatric critical unit. As a result the majority of patients to the children's hospital satellite centre will be short terms visits and none will be resident at the hospital.

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Tallaght Hospital campus is contained within a distinct area, defined primarily by the local road network and by the internal campus road. Outside of this area the surroundings lands are urban in nature but comprise a mixture of different land uses with the north and east being defined by the Cookstown Industrial Estate and the Exchange Hall office and residential development to the south east. The receiving environment from a community perspective, therefore, comprises of three principal elements as follows:

- The resident community
- The working community
- The visiting community

Although there are limited residential areas proximate to Tallaght Hospital, the impacts likely to be experienced by the community relate to the physical enjoyment of the local area and accessibility to local amenities. As such they are likely to be sensitive to the following types of impacts:

- Traffic / Access
- Loss of Amenity (Noise, Dirt, Dust, etc.)
- Landscape & Visual Amenities
- Community Severance

The Resident Community

The resident community in the first instance includes the patients residing temporarily in the hospital itself. Beyond the campus boundary the limited scale of the proposed development and the internal orientation of Tallaght Hospital campus means that only those residential developments immediately adjacent to the campus are likely to also become aware of any additional adverse impacts on their residential amenities arising from the proposed development.



The Working Community

The working community first and foremost includes the existing staff employed on Tallaght Hospital campus and the working community who are resident in the surrounding residential areas. Thereafter, Tallaght Hospital is located proximate to Tallaght Town Centre which provides a range of commercial premises and facilities.

The Visiting Community

Given the range of facilities provided on Tallaght Hospital campus, including *inter alia* an in-patient hospital, there is an associated visiting community to the lands in question. Visiting hours to the adult hospital are 14:00 (2.00pm) – 16.00 (4.00pm) and 18.30 (6.30pm) - 20:30 (8.30pm), visiting hours to the psychiatric Unit are between 14:00 (2.00pm) – 16.00 (4.00pm) and 18.00 (6.00pm) - 20:00 (8.00pm), with a more flexible approach adopted for the children's hospital. Visitors would also include out-patients attending the hospital to avail of follow up services following discharge.

5.2.16 Potential Impacts of the Proposed Development on Community

5.2.16.1 Construction Phase

The Resident Community

As Tallaght Hospital provides in-patient care it has a resident population on site. Given the internal orientation and the existing surrounding land uses the resident population in the vicinity of the Campus is relatively limited and includes Exchange Hall located south east of the Campus and the mixed-use development located south of Belgard Square North. The residential units on the opposite side of and fronting Cookstown Way have a view of the campus, albeit across a road and LUAS line, while those units on Alderwood Green back onto Cookstown Way and are separated from it by a strip of open space.

Given the limited scale of the children's hospital satellite centre and its location within the campus, east of the existing hospital, the resident community likely to experience adverse impacts arising from loss of amenity associated with the construction phase in the first instance is limited, with none likely to experience significant adverse impacts. Impacts arising from noise and vibration emissions are assessed in Chapter 11 - Noise and Vibration. Impacts arising from construction traffic emissions, and dirt and dust emissions arising from excavation works during the construction phase are addressed in Chapter 12 - Air Quality and Climate. Construction traffic with respect to impact on the local road network is addressed in Chapter 6 - Traffic and Transportation.

Due to the limited scale of the development and the internal nature of the Campus, the visual impact attributable to a change to landscape and visual amenities experienced by the resident community will be limited, if any. These impacts are described in detail and assessed in Chapter 14 - Landscape and Visual Impact Assessment.

The Working Community

The impacts of the proposed development during the construction phase will be most acutely experienced by the working population on Tallaght Hospital campus. This working community on site will increase during the construction period, having regard to the up to 100 construction workers which will be on site over the duration of the build. In this regard loss of amenity and accessibility issues described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6 are likely to negatively impact both existing staff and temporary construction staff, albeit to a limited degree given the scale of the build. The high level of accessibility to Tallaght Hospital campus via public transportation and subject to the application of appropriate mitigation measures and controls as noted below, any such impacts would not be significant and would be temporary in nature.

The wider working community in the area will be more detached to the changes to the physical environment in comparison to those working on Tallaght Hospital campus. In addition, at construction stage there may be positive economic spin off for local businesses as the construction workers avail of local services.

The Visiting Community

The impacts of the construction phase of the proposed development will be experienced by out-patients and other visitors to the hospital. However, the limited scale of the build means that the loss of amenity and accessibility issues described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6, are not likely to be significant and will be temporary in nature. The wider visiting community will experience the construction phase of the proposed development in a more detached manner, especially having regard to the insular layout of the Campus and the accessibility of Tallaght Hospital campus via public transportation.

5.2.16.2 Operational Phase

The Resident Community

The completion of the children's hospital satellite centre and the commencement of its operation is likely to be experienced as a positive impact as the quality of paediatric care improves and the care environment is significantly enhanced.

During the operational phase the resident community is likely to experience limited visual impacts, if any, attributable to a change to landscape and visual amenities. Such impacts would be attributable to the children's hospital satellite centre building, which will read as an extension to the existing hospital building. These impacts are described in and assessed in Chapter 14 - Landscape and Visual Impact Assessment).

The Working Community

The completion of the proposed development and commencement of the operation of the children's hospital satellite centre is likely to be experienced as a positive impact by the staff working within the facility given the high quality working environment. In addition, the children's hospital satellite centre will replace the existing dated children's hospital on site, in terms of the provision of healthcare to children and young people and will also represent a significant improvement in terms of the quality of the facilities offered.

The wider working community in an area will often perceive changes to the physical environment with less intensity, and in a more detached manner in comparison. Loss of amenity during construction and accessibility issues during construction and operational phases are expected to be limited and are described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6. There may be positive economic spin off for local businesses during the construction and operational phases, where construction workers, staff, patients and visitors avail of local services.

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The Visiting Community

The completion of the children's hospital satellite centre and the commencement of the operational stage is likely to be experienced as a positive impact by out-patients and visitors to the hospital.

In common with the wider working population, the wider visiting community will experience the proposed development in a more detached manner. The limited loss of amenity during construction and accessibility issues during construction and operational phases envisaged are described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6.

5.2.16.3 'Do Nothing' Scenario

If the proposed National Paediatric Hospital Project, which includes the children's hospital satellite centre at Tallaght Hospital, were not to proceed, the perceptions of the resident, working and visiting communities would remain unchanged.

However, the 'do nothing' scenario would represent a loss to the national healthcare infrastructure and in turn to the resident, working and visiting communities. This would have a negative impact, for the patients and staff of the three existing children's hospitals, who would not benefit from any enhancement of existing facilities and also to the visiting community to the hospitals.

5.2.17 Avoidance, Remedial or Reductive Measures – Community

The scale and area of the proposed development will inevitably lead to some adverse localised impacts during the construction phase. It is expected that these adverse impacts would be experienced mainly by the patients and staff on Tallaght Hospital campus, the visiting community and to a lesser extent the surrounding residential areas.



The potential adverse impacts likely to be experienced relate to loss of amenity in relation to noise, vibration, dust, dirt, construction traffic, during construction phase, and traffic during operational phase. While a more subjective experience, impact on visual amenities is not expected to be adverse given the limited scale of the children's hospital satellite centre and its location. All of these potential impacts and associated mitigation measures where necessary are discussed in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6.

5.2.18 Predicted Impact of the Proposal on Community

5.2.18.1 Construction Phase

The Resident Community

It is likely that any impacts emerging from the construction phase of the development will be limited and temporary in nature and will be of a general loss of amenity nature, for example an increase in the daytime noise levels in the locality, albeit within statutory limits, dust from construction traffic etc. However, through the implementation of the remedial and reductive measures proposed during the construction period, such impacts on the resident communities in the area will not be significant and any impact will only be temporary in nature.

The Working Community

The temporary impacts from the construction phase of the development will mainly affect the employees and patients at Tallaght Hospital campus and will again relate to general loss of amenity. The implementation of the remedial and reductive measures proposed during the construction period, will ensure that such impacts will not be significant.

The Visiting Community

It is likely that any impacts emerging from the construction phase of the development will be temporary and will affect the visiting community to the area and to Tallaght Hospital campus insofar as it will generate limited impacts in terms of loss of amenity. However, implementation of the remedial and reductive measures proposed during the construction period, the impact of the proposed development on communities in the area will not be significant and any impact will only be temporary.

5.2.18.2 Operational Phase

The Resident Community

There are no significant adverse impacts predicted arising from the operational phase of the children's hospital satellite centre on Tallaght Hospital campus on local residents. There will however, be positive gains for the local community given the improved access to excellent out-patient and other facilities for children and young people. These benefits relate to eh significant increase the quality of healthcare provision and will accrue to a wider catchment to the immediate locality and will extend to the catchment of the children's hospital satellite centre as set out in Chapter 6 of the EIS.

The Working Community

It is predicted that the staff of the children's hospital satellite centre, which will include rotated staff from the new children's hospital, will experience a significant positive impact in relation to working conditions and the quality of facilities.

The Visiting Community

It is predicted that those visiting the children's hospital satellite centre, will experience a significant positive impact in relation to the quality of the facilities and care provided.

5.2.18.3 Worst Case

The failure of the National Paediatric Hospital Project, which includes the children's hospital satellite centre at Tallaght Hospital, to proceed, or the failure of any of the proposed mitigation measures, would not lead to any profound, irreversible or life-threatening consequences to any of the local communities.

However, were the Project not to proceed to implementation stage, this would represent a lost opportunity to significantly improve healthcare provision for sick children in the island of Ireland and would impact on the implementation of the Model of Care.

5.2.19 Cumulative Impact of the Children's Hospital Satellite Centre Development on Community

5.2.19.1 Construction Phase

The likely cumulative impacts experienced by human beings and the local resident, working and visiting communities during the construction phase will generally be limited and relate to loss of amenity such as *inter alia* noise, vibration, dust, dirt, construction traffic during construction phase.

Given the scale of the children's hospital satellite centre any impact on the landscape and visual amenity will also be limited, with any associated mitigation measures described and assessed in the other relevant chapters of this EIS.

5.2.19.2 Operational Phase

During the operational phase the likely cumulative impacts experienced by human beings and the local resident, working and visiting communities will generally relate to traffic and the limited impact on visual amenities. These potential impacts and any associated mitigation measures are described and assessed in other chapters of this EIS.

In addition there will be a cumulative impact in terms of the role of the children's hospital satellite centre in the 'hub and spoke' model supporting the main National Tertiary Hospital, as outlined in the National Model of Care for Paediatric Healthcare in Ireland. The Model of Care requires a shift, where appropriate, from inpatient care to ambulatory or short stay care, and from hospital-centred care to home-based care. As well as forming part of the National Model of Care this configuration improves geographic access to urgent care for a significant number of children in the Greater Dublin Area, supports primary and community care paediatrics, reduces outpatient attendance on the main site and significantly reduces Emergency Department attendance on the main site. This will constitute a significant local community gain in terms of improvements to health care and the general well-being of the population.

5.2.20 Monitoring

Given the limited scale of the proposed children's hospital satellite centre and its location in an established Hospital Campus, monitoring is not considered necessary.

5.2.21 Reinstatement

The children's hospital satellite centre will form part of the National Paediatric Hospital Project and has an important role to play in the delivery of healthcare facilities to children and young people going forward. Reinstatement is therefore, not considered.

5.3 Connolly Hospital

5.3.1 Introduction

This Section of the EIS considers the human environment in the vicinity of Connolly Hospital Campus in the terms of population profile and trends, employment and community.

5.3.2 Methodology

The methodology for this Chapter involves the analysis, examination and compilation of all relevant population and socio-economic data collected by the Central Statistics Office. In addition, relevant planning and land-use documents for the area including the Fingal County Development Plan, 2011-2017, the Regional Planning Guidelines for the Greater Dublin Area (2010-2022) and additional relevant documents have all been examined.

Following the examination of the relevant baseline information on the existing population and socio-economic situation in the area, this Section provides an assessment of the potential impacts of the proposed children's hospital satellite centre at Connolly Hospital campus. As outlined in Section 5.1.2 two types of socio-economic impacts can typically arise, direct and indirect impacts. The ameliorative/mitigation measures required to minimise impacts, if necessary, are also set out.

The below assessment will examine the impact of the relatively small scale children's hospital satellite centre at Connolly Hospital campus on human beings in the areas of population, employment and community.

5.3.3 The Receiving Environment

As outlined in the NPHDB 'Clinical Case' Report, included as an appendix to Chapter 2 of this EIS, the Model of Care document describes the Model of Care, the 'Hub and Spoke' model, for the new children's hospital satellite centres and describes how these are an essential and integral part of the new children's hospital Model of Care. The aim of the new children's hospital satellite centres is to promote and guarantee the provision of high quality, safe clinical care to every child, every time, s/he attends the children's hospital satellite centres⁴⁰.

Locally Connolly Hospital campus is removed from the urban area of Blanchardstown, being located north of the Navan Road (N3) and bound to the south, east and west by high amenity areas and open space and recreational areas, all of which are specifically zoned for those uses. The Campus is bound to the north by a residential development and is accessible from the Navan Road (N3), with limited accessibility by public transportation. The internal hospital road forms a natural boundary to the Campus. The land on Connolly Hospital campus subject of this EIS is located south of the hospital, immediately east of the main hospital entrance.

Given the location of the application site adjacent to the existing hospital, and the relatively limited scale of the proposal, the surrounding context is defined by the campus and associated medical uses. In this regard, there is no direct interaction with the surrounding areas outside the Campus. Having regard to the defined nature of Connolly Hospital campus and the limited scale of the proposed development, the Study Area consists of the Electoral Divisions of Blanchardstown – Abbotstown and Blanchardstown – Roselawn which covers the area within which Connolly Hospital campus is located and Blanchardstown Village.

The Study Area is considered a reasonable given that the Blanchardstown – Abbotstown Electoral Division within which Connolly Hospital is located substantially consists of open space area, but includes the area to the east of the main street in Blanchardstown Village. A combination of statistics for this Study Area were examined along with similar statistics for the Greater Dublin Area and State.

5.3.4 Characteristics of the Proposed Development

In accordance with the Model of Care, the current proposal represents the provision of a new children's hospital and two children's hospital satellite centres, one at Tallaght Hospital campus and the other at Connolly Hospital campus. The children's hospital satellite centre at Connolly is to be located on a site immediately south of the main hospital, to the east of the main entrance and is bound on the remaining three sides by the internal hospital roads.

⁴⁰ NPHDB Report - "The clinical case for the new children's hospital, its satellite centres and tri-location"

The proposed development essentially comprises the construction of a new, purpose built children's hospital satellite centre, with a gross floor area of c.5,093 sq.m which will connect into the existing adult hospital. The children's hospital satellite centre will physically be an extension to Connolly Hospital and has been designed to tie into the existing hospital building and will provide for the upgrading of areas within the existing hospitals which will function as part of the children's hospital satellite centres. With the exception of the limited demolition required to connect to the existing hospital, the proposed development will not require the demolition of any permanent structure.

A more detailed description of the development is provided in Chapter 2 - Development Description.

5.3.5 Population – Receiving Environment

A detailed examination of the local population in the Study Area i.e. the Blanchardstown – Abbotstown and Blanchardstown – Roselawn Electoral Divisions, is set out below. In this regard it should be noted that the N3 forms a natural boundary to the south and thus the Electoral Division substantially covers the area to the north of the N3 which although large is primarily open space, which is the context within which Connolly is set.

Data generated by the 2002, 2006 & 2011 Census is compared in order that an analysis of demographic trends may be presented. Recent demographic and socio-economic trends are examined at State, County and Electoral Division level with figures for the Study Area compared with those for the State, Greater Dublin Area, Dublin County and Fingal areas, in order to contextualise the local area statistics.

5.3.5.1 Population Trends

As shown on Table 5.11 below, between 1996 & 2002 the Study Area experienced a population increase of c. 19.5% over twice the State, the Greater Dublin Area and County Dublin. This exceptional growth in the Study Area was mirrored in the growth in population in Fingal of 17.1% over this period. This may be indicative of the large areas of development land zoned and available in Fingal.

This growth in population in the Study Area and Fingal, well in excess of all other areas examined, continued between 2006-2011. During this period the State grew by +8.2%, with the Greater Dublin Area population growing at a similar level, while the population of Dublin County only grew by 7.2%. The population of Fingal during this period, however, grew by 14.2% while the Study Area grew by marginally less at 13.7%. This growth coincides with the peak demand for housing in Dublin which resulted in major development occurring in the Fingal area.

Overall, the growth in the Study Area and in Fingal between 1996-2011 was exceptional at +70.9% and +63.4%, more than double that of the State in both instances. It is however, noted that the growth in the Study Area was not evenly distributed between the two relevant Electoral Divisions with Blanchardstown – Abbotstown growing by +218% over this period while the Electoral Division of Blanchardstown – Roselawn decreased by -27%. This notable difference may be attributable to the limited area covered by the Blanchardstown – Roselawn Electoral Division and the fact it contains Blanchardstown Village with its relatively tight urban grain and established character, while the Blanchardstown – Abbotstown Electoral Division covers a substantial area, where new higher density residential developments have been provided.

Table 5.11 Population Growth 1996 – 2011*

Area	1996	2002	2006	2011	% 1996-2002	% 2002-2006	% 2006 - 2011	% 1996-2011
Study Area	3,834	4,580	5,953	6,552	+19.5	+30	+13.7	+70.9
Fingal	167,683	196,413	239,992	273,991	+17.1	+22.2	+14.2	+63.4
Dublin County	1,058,264	1,122,821	1,187,176	1,273,069	+6.1	+5.7	+7.2	+20.3
GDA	1,405,671	1,535,446	1,662,536	1,804,156	+9.2	+8.3	+8.5	+28.3
State	3,626,087	3,917,203	4,239,848	4,588,252	+8	+8.2	+8.2	+26.5

*The figures contained in Table 5.11 have been rounded off for presentation purposes.

5.3.5.2 Population Change 2002 - 2011

Between 2002 and 2011, Fingal, experienced population growth well in excess of the other areas examined at +39.5%, bar the Study Area which grew by +43% during this period. These figures may be attributable to the urban sprawl of the population of Dublin into previously undeveloped areas further from the City Centre where land was available to provide affordable residential developments.

Connolly Hospital was chosen for the location of one of the children's hospital satellite centres following an analysis of the demographics of the area and a detailed location analysis. The examination of local population is, however, still relevant with respect to the potential employment benefits, the opportunities provided or other services which might be displaced. In relation to the latter it is important to note that Connolly Hospital is an established use in the area. The provision of the children's hospital satellite centre will broaden the range of healthcare facilities available on site and it is estimated that c. 90 staff will work at the children's hospital satellite centre at Connolly Hospital campus.

5.3.5.3 Age Profile

As noted in Section 5.1.5.3 the age profile of the area is an important consideration in the provision of healthcare, education and employment. Utilising the Small Area Population Statistics for 2011, again the three factors were looked at in analysing the population structure of the receiving environment as follows:

- The dependent population (i.e. those persons within the 0-14 and 65+ age cohorts)
- The working/independent population (i.e. those persons in the 15-64 year age cohorts)
- The childbearing age cohorts, aged 25-44.

These age categories at the State, Regional, County, Local and Electoral Division Level are shown in Table 5.12 below.

Table 5.12 Age Profile at State, County and Local Level, 2006-2011*

Area	% Aged 0-14		% Aged 15-24		% Aged 25-44		% Aged 45-64		% Aged 65+	
	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011
Study Area	17.3	19.7	14.3	9.5	40.3	41.4	17.5	16.7	10.6	12.7
Fingal	22.1	24.2	14.9	11.9	37.7	36.6	19.3	20	6	7.3
Dublin County	18.4	19.3	16.2	13.6	34.5	34.9	20.6	21.3	10.3	10.9
GDA	19.6	20.8	15.6	13.1	34.4	34.2	20.7	21.5	9.7	10.4
State	20.4	21.4	14.9	12.6	31.7	31.6	22	22.7	11	11.7

*The figures contained in Table 5.12 have been rounded off for presentation purposes.

Dependant Age Cohorts (0-14 and 65+)

The proportion of dependants (0-14 and 65+) within the Study Area in 2011 is recorded at c.32.4%, up c.4.5% since the 2006 Census. This is marginally less than the dependant figure for the State of 33.1% but is above all other areas examined. Table 5.12 above shows that the population in the 0-14 age cohort in the Study Area i.e. 19.7%, is below that of the State and also the Fingal area, while those in the 65+ age cohort at 12.7% exceeds all other areas examined. This may be indicative of the fact that the Study Area covers Blanchardstown Village which is established and would therefore, have a higher percentage of the population in the 64+ cohort while the Blanchardstown – Abbotstown covers newer residential areas which would be attractive to younger couples who may not yet have started a family.

Independent/Working Age Cohort (15-64)

Census 2011 provides the working age (15-64 years) profile for the State at c.67%, the Greater Dublin Area at c.69% and the Dublin County at c.70%, which represents a decrease in the percentage population in this category in all three instances when compared with 2006 figures. The percentage population in the working age cohort decreased in Fingal from 71.9% in 2006 to 68.5% in 2011. This decrease is reflected in the Study Area which decreased by c. 4.5% from 72.1% in 2006 to 67.6% in 2011.

Childbearing Age Cohort (25-44)

The childbearing age cohort (25-44) of the Study Area is notable at 41.1% in 2011, an increase of 1.1% from 2006 and also when compared to the State at 31.6% and Fingal at 37.7%. This indicates that the proportion of young families and children in the Study Area may increase further in the future as the 25-44 age cohort contains the child bearing (female) age group. This is relevant when considering requirements for housing, employment and childcare facilities.

5.3.6 Potential Impacts of the Proposed Development on Population

5.3.6.1 Construction Phase

While the development of the new children's hospital represents the largest Exchequer-funded infrastructure investment underway in Ireland at present, the children's hospital satellite centre at Connolly Hospital is a relatively small scale development. It is anticipated that subject to a grant of planning permission, the construction of the children's hospital satellite centre at Connolly Hospital would commence from Q1 2016 and be completed in approximately 18 months. This phase of the proposed development at Connolly is expected to generate 200 construction jobs of which 100 will be on site

As discussed above, while the children's hospital satellite centre at Connolly Hospital has an integral role in the national Model of Care and will provide an important regional service it is not anticipated that the construction phase will have an impact on the population profile of the area. Given the relatively small scale of the build it is expected that those employed during the construction phase will for the most part travel from their existing residence rather than taking temporary accommodation in the area. Where there is an impact on population, such as any growth or decline, arising from the construction phase this would be transient. Potential impacts in relation to 'Employment' and 'Community' are considered elsewhere in this Chapter.

5.3.6.2 Operational Phase

At a national level, the children's hospital satellite centre at Connolly Hospital will form part of an enhanced health care service delivered in conjunction with the new children's hospital. Given the scale of the children's hospital satellite centre it is not expected to give rise to a significant impact on the population profile of the area during the operation phase.

The Connolly Hospital campus has been identified in the Blanchardstown Urban Structure Plan, 2007 (BUSP) as being a major resource asset to Blanchardstown that is well placed to advance as a model of excellence in health care and medical specialisms. The proposed development will represent an addition to the medical specialisms available on Campus and it is estimated that c. 90 staff will work at the children's hospital satellite at Connolly Hospital campus. This is considered beneficial to the local population, a considerable percentage of which lies within the working age cohort. Potential impacts in relation to 'Employment' and 'Community' are considered elsewhere in this Chapter.

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5.3.6.3 Do Nothing

The "do nothing" scenario would result in the failure to implement the Health Service Executive's Clinical Programme for Paediatrics and Neonatology and transform the paediatric healthcare services in Ireland. The national tertiary and quaternary paediatric services would continue to be provided in the three existing out-dated facilities at the National Children's Hospital at Tallaght, Our Lady's Children's Hospital Crumlin and Temple Street Children's University Hospital.

To adopt a "do-nothing" approach would adversely affect the quality of service which is capable of being delivered to children and young adults, specifically at a local and regional level in the case of the children's hospital satellite centre at Connolly Hospital and could potentially jeopardise later plans for the Campus. As a result, potential direct and indirect social and economic benefits that would accrue from this proposed development for the existing population would not occur if the development were not to proceed

5.3.6.4 Position if Permission not forthcoming for Connolly Satellite Development

If planning permission were not granted for the children's hospital satellite centre at Connolly Hospital campus, then the Applicant would not be able to deliver the proposed Model of Care. This would result in delays to the programme and an adverse impact upon the quality of service which is capable of being delivered locally and regionally, of which the children's hospital satellite centre at Connolly Hospital campus is an integral part.



the new children's hospital

5.3.7 Ameliorative, Remedial or Reductive Measures on Population

5.3.7.1 Construction Phase

Given the limited scale of the proposed development the construction phase is unlikely to generate any significant adverse impact on the population. As such, no remedial or reductive measures are identified.

5.3.7.2 Operational Phase

Given the limited scale of the proposed development the operational phase is unlikely to have any significant impact on the population. No remedial or reductive measures are therefore, required.

5.3.7.3 Worst Case Scenario

The failure of the National Paediatric Hospital Project to proceed would have an impact nationally and regionally in terms of the provision of paediatric care to children and young people. In relation to the children's hospital satellite centre at Connolly Hospital it is not envisaged that it would have a significant impact on demographics therefore, no remedial or reductive measures are required.

5.3.8 Predicted Impact of the Proposal on Population

5.3.8.1 Construction Phase

Given the scale of the development, it is not envisaged that any significant increase or decrease in the population of the Study Area will occur during the construction phase. In addition it is anticipated that construction workers employed during this phase will travel from their existing residence rather than taking temporary accommodation in the local area. A short term, transient increase in the local working population on-site may be generated by construction employment. This phase is unlikely to generate any significant adverse impact on the demography of the area.

5.3.8.2 Operational Phase

It is envisaged that there will be a positive impact, albeit relatively minor, on the population of the Study Area, specifically the working population, during the operational phase of the proposed development. It is not envisaged that any impact on the population of the Study Area will be significant.

5.3.8.3 Worst Case

As the development would not result in any profound or irreversible impacts on population, a 'worst case' impact is not applicable in this instance.

5.3.9 Cumulative Impact of the Children's Hospital Satellite Centre Development on Population

While the proposed development is unlikely to have a significant impact on population during the construction or operational phase, it will form part of a network of care that will deliver improved and comprehensive paediatric care for all of Ireland's children and young people. In this regard the children's hospital satellite centre at Connolly Hospital will have an important regional and local role as the local children's hospital for its catchment and in this context would have a positive impact on population through the provision of improved healthcare facilities for the area. The proposed development would also represent a new medical specialism being offered and available to the local population at Connolly Hospital. With obvious positive benefits to the well-being of the local community.

5.3.10 Employment

5.3.10.1 The Receiving Environment

The impact of the development proposal on employment will be examined in the context of the numbers of persons at work and the levels of unemployment at State, Greater Dublin Area, Dublin County, Fingal and the Study Area.

5.3.10.2 Trends in the Number of Persons in Work

As would be expected given the economic climate, between 2002-2006 all of the areas analysed, see Table 5.13 below, experience growth in the numbers of people at work. Fingal, however, grew at the substantially higher rate of 31.7%, with the Study area surpassing all other areas at 54.9%. These exceptional growth rates in employment may be representative of the fact that those working in the City Centre were forced to locate in the urban periphery due to insufficient housing supply to meet demand in the City.

Between 2006 and 2011 there was a decrease in those at work in all areas analysed. However, having experienced substantial growth during 2002-2006, both Fingal and the Study Area experienced less of a decrease in employment during this period than all other areas analysed, at -1.3% and -3.5% respectively. This may be attributable to the relatively high percentage of the population in the 25-44 age cohort in Fingal and the Study Area compared to the other locations accessed. Workers in this cohort are more likely to be established in their jobs and thus less affected by redundancies or retirement.

Table 5.13 Number of Persons at Work in 2002, 2006 and 2011*

Area	2002	2006	2002-2006	2011	2006-2011
Study Area	1,965	3,043	+54.9%	2938	-3.5%
Fingal	91,699	120,794	+31.7%	119,276	-1.3%
Dublin County	508,030	572,896	+12.8%	540,729	-5.6%
GDA	689,157	800,240	+16.1%	753,565	-5.8%
State	1,641,587	1,930,042	+17.6%	1,807,360	-6.4%

*The figures contained in Table 5.13 have been rounded off for presentation purposes.

5.3.10.3 Unemployment Trends

As shown below, between 2002-2006 unemployment was rising with the Greater Dublin Area, County Dublin and specifically Fingal all experienced unemployment well in excess of the State. The Study Area, however, experienced a decrease of -3.2% in unemployment during this period. This again indicated that the Study Area being on the fringes of the City, may have attracted a working population looking for more affordable housing.

There was also a noticeable increase in those looking for their first job in the Study Area, up c. 369.7% between 2002-2006, almost ten times that of the State figure of 38.9%. Given that the proportion of persons in the 15-24 age cohort in the Study Area in 2006 was in line with that of the State this high number is interesting. Again Fingal was above the State with the numbers of those looking for their first job increasing by c. 107.8%. This further indicated that Fingal had a substantial workforce who are beginning to look for employment back in 2006.

Between 2006-2011 the State's unemployment level grew by c.160%, however, all other areas analysed experienced less of an increase. The Study Area grew by c.143%, closely in line with the Greater Dublin Area at c.138.5% but less than the growth in unemployment experienced in Fingal at 157.6%. The lower growth in the Study area in comparison to Fingal may be representative of the higher percentage of the population in the 25-44 age cohort who are likely to be established in their careers.

In relation to those looking for a first time job while the numbers in all other areas grew, the figure for the Study Area decreased by c. -53.6%. This is an exceptional deviation from the growth trend experienced in all other areas studied and may be attributable to the higher than average percentage of the population in the 25-44 age cohort in 2011 which would likely have been previously employed.

Table 5.14 Number of Persons Looking for First Job & Unemployed having lost or given up previous job in 2002, 2006 & 2011*

Area	2002		2006		2002-2006 Change (%)		2011		2006-2011 Change (%)	
	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.	1 st Job	Unempl.
Study Area	33	221	155	214	+369.7	-3.2	72	520	-53.6	+143
Fingal	1,008	5,741	2,095	7,927	+107.8	+38.1	2,224	20,416	+6.2	+157.6
Dublin County	6,357	40,919	9,355	46,750	+47	+14.3	10,678	100,771	+14.1	+115.6
GDA	8,146	52,373	11,942	60,827	+46.6	+16.1	13,975	145,079	+17	+138.5
State	21,147	138,199	29,372	150,084	+38.9	+8.6	34,166	390,677	+16.3	+160.3

*The figures contained in Table 5.14 have been rounded off for presentation purposes.

While Census 2011 provides information on employment the data is somewhat dated and does not represent the improvement in employment patterns experienced since 2013. The Live Register provides more informative and up to date statistics on persons registering as being unemployed within the working age cohort. Table 5.15 below uses data from the Blanchardstown Social Welfare Office to show the trend in individuals signing on to the Live Register since 2002 and acts as a proxy for trends in the Study Area⁴¹.

As shown in Table 5.15 the general trend at the Blanchardstown Office mirrors the increase in unemployment experienced nationally and elsewhere in Dublin, with an almost doubling in the numbers unemployed between 2008 and 2009. These figures are only now beginning to fall below 2009 levels and are still substantially more than those of 2008, indicating that there is still some way to go in reducing unemployment levels.

Table 5.15 Individuals signing onto the Live Register in Blanchardstown DSP Office⁴²

2002	2,708	2009	8,528
2003	3,337	2010	8,565
2004	3,357	2011	9,040
2005	3,296	2012	8,779
2006	3,671	2013	8,766
2007	3,627	2014	8,006
2008	4,651	2015	7,029

* Source: Central Statistics Office Live Register Data

5.3.11 Potential Impacts of the Proposed Development on Employment

5.3.11.1 Construction Phase

While the development of the new children's hospital would be the largest healthcare project undertaken in Ireland to date, the children's hospital satellite centre at Connolly Hospital is a relatively small scale development. It is anticipated that the construction of the children's hospital satellite centre at Connolly Hospital would commence from Q1 2016 and be completed in approximately 18 months. This phase of the proposed development at Connolly is expected to generate 200 construction jobs, of which 100 will be on site.

⁴¹ The Social Welfare Offices at Blanchardstown is most likely to be the relevant locations for the Tallaght-Springfield ED. The figures utilise the 6th month of the year in all years examined as this is the most up to date information available on the Live register at the time of writing.

⁴² The Social Welfare Offices at Tallaght is most likely to be the relevant locations for the Tallaght-Springfield ED. The figures utilise the 6th month of the year in all years examined as this is the most up to date information available on the Live register at the time of writing.

In addition to the direct financial and employment benefits of the construction programme itself, it is anticipated that other related services, such as building providers, would benefit during the construction programme due to an increase in trade demand. Overall the proposed development has potential to provide a short term direct and indirect local employment benefits, and thus benefit to the local economy during the construction phase.

5.3.11.2 Operational Phase

The proposed development, generally comprises an extension to Connolly Hospital to provide a children's hospital satellite centre for the new children's hospital. This is a new specialty for Connolly Hospital and it is estimated that c. 90 staff will work at the children's hospital satellite centre at Connolly Hospital campus.

While this will result in an increase in staff, patient and visitor numbers to the hospital, it is not expected to give rise to any significant impact relating to an increase or decrease in direct or indirect employment on site or in the surrounding area.

5.3.11.3 Worst Case Scenario

The failure of the National Paediatric Hospital Project to proceed would have an impact nationally and regionally in terms of the provision of paediatric care to children and young people. Failure to provide the children's hospital satellite centre at Connolly Hospital would mean that the clinical specialties on site were not expanded and this could result in a potential loss of funding. Alternatively it may provide an obstacle to future expansion plans, with knock on impact for future employment potential.

If the children's hospital satellite centre at Connolly Hospital were not to proceed, then the associated construction jobs would not be created and any economic benefits would not accrue.

5.3.12 Ameliorative, Remedial or Reductive Measures on Employment

5.3.12.1 Construction Phase

This Phase of development is unlikely to generate any significant adverse impact on the local employment profile and as such, no remedial or reductive measures are identified.

5.3.12.2 Operational Phase

It is estimated that c. 90 staff will work at the children's hospital satellite centre at Connolly Hospital campus which will have a positive impact with respect to increasing direct employment opportunities on site. At the local level, however, it is unlikely to have any significant impact with respect to increasing or reducing direct employment opportunities. Where the National Paediatric Hospital Project proceeds to implementation stage, this presents an opportunity to significantly enhance the quality of paediatric care for children and young people in Ireland, with the children's hospital satellite centre at Connolly Hospital having a direct positive impact on the provision of such care at a local and regional level.

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It is also likely to have positive knock on economic impacts for local businesses whose services may be availed of by staff, patients and visitors, albeit limited in nature due to the location of the hospital removed from Blanchardstown Village Centre. No remedial or reductive measures are therefore, considered necessary with respect to employment during the operational phase.

5.3.13 Predicted Impact of the Proposal on Employment

5.3.13.1 Construction Phase

The proposed development is predicted to be capable of providing important direct temporary construction employment. It is envisaged that the proposed development will employ approximately 100 personnel during the construction phase.

In addition, it is anticipated that local builders suppliers, retail services and other related services would benefit during the construction period, potentially also providing indirect employment opportunities.

An adverse impact on local employment within the existing hospital is not predicted given the scale of the development proposed.

5.3.13.2 Operational Phase

The operational phase of the proposed development is unlikely to have any significant impact with respect to increasing or reducing direct employment opportunities on site or in the local area.



the new children's hospital

Where the proposed development proceeds to implementation stage, this presents an opportunity, as part of the National Paediatric Hospital Project, to significantly enhance access to and the quality of the existing service provided to sick children and young people which will generate a significant local community gain. This will support the expansion of the range of specialties at Connolly Hospital and it is estimated that c. 90 staff will work at the children's hospital satellite centre at Connolly Hospital campus.

The proposed development is also predicted to continue to have likely positive knock on economic impacts for local businesses whose services may be utilised of by staff, patients and their visitors.

5.3.14 Cumulative Impact of the Children's Hospital Satellite Centre Development on Employment

While the new children's hospital at St. James's Hospital campus will employ a substantial number of staff, has the potential to provide a significant number of non-health related employment and may attract other related medical and service sectors to locate to the City Centre, such cumulative impacts are not associated with the children's hospital satellite centre at Connolly Hospital.

The cumulative impact of the children's hospital satellite centre at Connolly Hospital relates to it being an integral part of the National Paediatric Hospital Project and its role in the implementation of the Model of Care.

5.3.15 Community

5.3.15.1 The Receiving Environment

Connolly Hospital campus as a healthcare campus is relatively new. The proposed children's hospital satellite centre provides the opportunity to increase the range of healthcare services, specifically those relating to the care of children and young adults, provided on site. The children's hospital satellite centre will support primary and community care paediatrics, reduce outpatient attendance on the main site and significantly reduces emergency department attendance on the main site. Children and young people seen in the children's hospital satellite centres who require urgent care will be transferred to the inpatient unit at the main new children's hospital, a figure which is estimated to be c. 8% of attendees. Children and young people who present at the children's hospital satellite centre and are deemed to be critically ill will be stabilised and transferred to the national paediatric critical unit. As a result the majority of patients to the children's hospital satellite centre will be short terms visits and none will be resident at the hospital.

Connolly Hospital campus is contained within a distinct area, defined primarily by the local road network, by the internal campus road and by the fact that it is surrounded on three side by open-space, high amenity lands. While the lands to the north are residential in nature, the Campus is physically separated from Blanchardstown Village and the surrounding urban area by the N3. The receiving environment from a community perspective comprises of three principal elements as follows:

- The resident community
- The working community
- The visiting community

Although there are limited residential areas proximate to Connolly Hospital, the impacts likely to be experienced by the community relate to the physical enjoyment of the local area and accessibility to local amenities. As such they are likely to be sensitive to the following types of impacts:

- Traffic / Access
- Loss of amenity (Noise, Dirt, Dust, etc)
- Landscape & Visual Amenities
- Community Severance

The Resident Community

The resident community in the first instance includes the patients residing temporarily in the hospital itself. Beyond the Campus boundary the limited scale of the proposed development and the internal orientation of Connolly Hospital campus means that only those residential developments immediately adjacent to the Campus are unlikely to become aware of any additional adverse impacts on their residential amenities arising from the proposed development.

The Working Community

The working community first and foremost includes the existing staff employed at Connolly Hospital campus and the working community who are resident to the north of the Campus. Thereafter, Connolly Hospital campus is located relatively close to Blanchardstown Village but is separated from it by the N3 which forms a natural barrier to the south of the Campus.

The Visiting Community

Given the range of facilities provided on Connolly Hospital campus, including *inter alia* an in-patient hospital, there is an associated visiting community to the lands in question. Visiting hours to the main hospital and the intensive care unit are 14:00 (2.00pm) – 16.00 (4.00pm) and 18.00 (6.00pm) - 20:00 (8.00pm), visiting hours to the Coronary Care Unit (CCU) and Cypress Ward are between 15:00 (3.00pm) – 16.00 (4.00pm) and 18.00 (6.00pm) - 20:00 (8.00pm), while visiting hours to the Ash and Pine Ward are limited to 17.00 (5.00pm) - 20:00 (8.00pm). Visitors would also include out-patients attending the hospital to avail of follow up services following discharge.

5.3.16 Potential Impacts of the Proposed Development on Community

5.3.16.1 Construction Phase

The Resident Community

As Connolly Hospital provides in-patient care it has a resident population on site. Given the internal orientation, the location of the N3 to the south and the nature of the surrounding land uses, the resident population in the vicinity of the Campus is limited to the area to the north of the Campus. The residential units to the south of the N3 have, in places, a limited view of the campus across the N3.

Given the limited scale of the children's hospital satellite centre and its location within the campus, immediately south of the existing hospital, the resident community likely to experience adverse impacts arising from loss of amenity associated with the construction phase in the first instance is limited, with none likely to experience significant adverse impacts. Impacts arising from noise and vibration emissions are assessed in Chapter 11 - Noise and Vibration. Impacts arising from construction traffic emissions, and dirt and dust emissions arising from excavation works during the construction phase are addressed in Chapter 12 - Air Quality and Climate. Construction traffic with respect to impact on the local road network is addressed in Chapter 6 - Traffic and Transportation.

Due to the limited scale of the development and the internal nature of the Campus, the visual impact attributable to a change to landscape and visual amenities experienced by the resident community will be limited, if any. These impacts are described in detail and assessed in Chapter 14 - Landscape and Visual Impact Assessment.

The Working Community

The impacts of the proposed development during the construction phase will be most acutely experienced by the working population on Connolly Hospital campus. This working community on site will increase during the construction period, having regard to the 100 construction workers which will be on site over the duration of the build. In this regard loss of amenity and accessibility issues described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6 are likely to negatively impact both existing staff and temporary construction staff, albeit to a limited degree given the scale of the build. Subject to the application of appropriate mitigation measures and controls any such impacts would not be significant and would be temporary in nature.

The wider working community in the area will be more detached to the changes to the physical environment in comparison to those working on Connolly Hospital campus. In addition, at construction stage there may be positive economic spin off for local businesses as the construction workers avail of local services.

The Visiting Community

The impacts of the construction phase of the proposed development will be experienced by out-patients and other visitors to the hospital. However, the limited scale of the build means that the loss of amenity and accessibility issues described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6 are not likely to be significant and will be temporary in nature. The wider visiting community will experience the construction phase of the proposed development in a more detached manner, especially having regard to the insular layout of the Campus.

5.3.16.2 Operational Phase

The Resident Community

The completion of the children's hospital satellite centre and the commencement of its operation is likely to be experienced as a positive impact as access to, and the quality of paediatric care improves through the provision of a high quality care environment at Connolly Hospital for children and young people. This will be a significant community gain.

During the operational phase the resident community is likely to experience limited visual impacts, if any, attributable to a change to landscape and visual amenities. Such impacts would be attributable to the children's hospital satellite centre building, which will read as an extension to the existing hospital building. These impacts are described in and assessed in Chapter 14 - Landscape and Visual Impact Assessment.

The Working Community

The completion of the proposed development and commencement of the operation of the children's hospital satellite centre is likely to be experienced as a positive impact by the staff working within the facility given the high quality working environment. In addition, the children's hospital satellite centre will provide a new medical speciality on Connolly Hospital campus.

The wider working community in an area will often perceive changes to the physical environment with less intensity, and in a more detached manner in comparison. Loss of amenity during construction and accessibility issues during construction and operational phases are expected to be limited and are described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6. There may be positive economic spin off for local businesses during the construction and operational phases, where construction workers, staff, patients and visitors avail of local services.

The Visiting Community

The completion of the children's hospital satellite centre and the commencement of the operational stage is likely to be experienced as a positive impact by out-patients and visitors to the Hospital.

In common with the wider working population, the wider visiting community will experience the proposed development in a more detached manner. The limited loss of amenity during construction and accessibility issues during construction and operational phases envisaged are described in other chapters of this EIS including *inter alia* Noise and Vibration – Chapter 11, Air Quality and Climate – Chapter 12 and Traffic and Transportation – Chapter 6.

5.3.16.3 'Do Nothing' Scenario

If the proposed National Paediatric Hospital Project, which includes the children's hospital satellite centre at Connolly Hospital, were not to proceed, the perceptions of the resident, working and visiting communities would remain unchanged.

However, the 'do nothing' scenario would represent a loss to the national healthcare infrastructure and in turn to the resident, working and visiting communities. This would have a negative impact, for the patients and staff of the three existing children's hospitals, who would not benefit from any enhancement of existing facilities and also to the visiting community to the hospitals. In addition, it would negatively impact Connolly Hospital as the new medical speciality offered by the children's hospital satellite centre would be lost.

5.3.17 Avoidance, Remedial or Reductive Measures – Community

The scale and area of the proposed development will inevitably lead to some adverse localised impacts during the construction phase. It is expected that these adverse impacts would be experienced mainly by the patients and staff on Connolly Hospital campus, the visiting community and to a lesser extent the surrounding residential areas.

The potential adverse impacts likely to be experienced relate to loss of amenity in relation to noise, vibration, dust, dirt, construction traffic, during construction phase, and traffic during operational phase. While a more subjective experience, impact on visual amenities is not expected to be adverse given the limited scale of the children's hospital satellite centre and its location. All of these potential impacts and associated mitigation measures where necessary are discussed in the relevant chapters of this EIS.

5.3.18 Predicted Impact of the Proposal on Community

5.3.18.1 Construction Phase

The Resident Community

It is likely that any impacts emerging from the construction phase of the development will be limited and temporary in nature and will be of a general loss of amenity nature, for example an increase in the daytime noise levels in the locality, albeit within statutory limits, dust from construction traffic etc. However, through the implementation of the remedial and reductive measures proposed during the construction period, such impacts on the resident communities in the area will not be significant and any impact will only be temporary in nature.

The Working Community

The temporary impacts from the construction phase of the development will mainly affect the employees and patients on Connolly Hospital campus and will again relate to general loss of amenity. The implementation of the remedial and reductive measures proposed during the construction period, will ensure that such impacts will not be significant.

The Visiting Community

It is likely that any impacts emerging from the construction phase of the development will be temporary and will affect the visiting community to the area and to Connolly Hospital campus insofar as it will generate limited impacts in terms of loss of amenity. However, though the implementation of the remedial and reductive measures proposed during the construction period, the impact of the proposed development on communities in the area will not be significant and any impact will only be temporary.

5.3.18.2 Operational Phase

The Resident Community

There are no significant adverse impacts predicted arising from the operational phase of the children's hospital satellite centre on Connolly Hospital campus on local residents, although there will be significant health benefits to local young people and children. These benefits relate to the significant increase in the quality of healthcare provision and will accrue to a wider catchment to the immediate locality and will extend to the catchment of the children's hospital satellite centre as set out in Chapter 6 of the EIS.

The Working Community

It is predicted that the staff of the children's hospital satellite centre, which will include rotated staff from the new children's hospital, will experience a significant positive impact in relation to working conditions and the quality of facilities.

The Visiting Community

It is predicted that those visiting the children's hospital satellite centre, will experience a significant positive impact in relation to the quality of the facilities and care provided.

5.3.18.3 Worst Case

The failure of the National Paediatric Hospital Project, which includes the children's hospital satellite centre at Connolly Hospital, to proceed, or the failure of any of the proposed mitigation measures, would not lead to any profound, irreversible or life-threatening consequences to any of the local communities.

However, were the Project not to proceed to implementation stage, this would represent a lost opportunity to significantly improve healthcare provision for sick children in the island of Ireland and would impact on the implementation of the Model of Care. In addition, it would result in the children's hospital satellite centre not expanding the range of medical specialties at Connolly Hospital.

5.3.19 Cumulative Impact of the Children’s Hospital Satellite Centre Development on Community

5.3.19.1 Construction Phase

The likely impacts experienced by human beings and the local resident, working and visiting communities during the construction phase will generally be limited and relate to loss of amenity relating to *inter alia* noise, vibration, dust, dirt, construction traffic during construction phase.

Given the scale of the children’s hospital satellite centre any impact on the landscape and visual amenity will also be limited, with any associated mitigation measures described and assessed in the relevant chapters of this EIS.

5.3.19.1 Operational Phase

During the operational phase the likely impacts experienced by human beings and the local resident, working and visiting communities will generally relate to traffic and the limited impact on visual amenities. These potential impacts and any associated mitigation measures are described and assessed in the relevant chapters of this EIS.

In addition there will be a cumulative impact in terms of the role of the children’s hospital satellite centre in the ‘hub and spoke’ model supporting the main National Tertiary Hospital, as outlined in the National Model of Care for Paediatric Healthcare in Ireland. The Model of Care requires a shift, where appropriate, from inpatient care to ambulatory or short stay care, and from hospital-centred care to home-based care. As well as forming part of the National Model of Care this configuration improves geographic access to urgent care for a significant number of children in the Greater Dublin Area, supports primary and community care paediatrics, reduces outpatient attendance on the main site and significantly reduces Emergency Department attendance on the main site. This will constitute a significant local community gain in terms of improvements to health care and the general well-being of the population.

5.3.20 Monitoring

Given the limited scale of the proposed children’s hospital satellite centre and its location in an established hospital campus, monitoring is not considered necessary.

5.3.21 Reinstatement

The children’s hospital satellite centre will form part of the National Paediatric Hospital Project and has an important role to play in the delivery of healthcare facilities to children and young people going forward. Reinstatement is therefore, not considered.