

Grangeegorman



Grangeegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Innovative Urban Quarter | Contemporary Healthcare Facilities | Modern Education Hub | Accessible Public Spaces



GDA Draft Strategic **PLAN** 2010

Appendices





Grangegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Appendices

GDA Draft Strategic **PLAN** 2010

Innovative Urban Quarter

Contemporary Healthcare Facilities

Modern Education Hub

Accessible Public Space

Contents

Appendix A

- Section 12 of Grangegorman Development Agency Act 2005
- Referencing this Strategic Plan to the statutory requirements

Appendix B

- Health Service Executive (HSE) planning brief
- Dublin Institute of Technology (DIT) planning brief

Appendix C

- Communications Principles

Appendix D

- Planning Policy Reference Documents



Grangegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Appendices

GDA Draft Strategic **PLAN** 2010

Innovative Urban Quarter

Contemporary Healthcare Facilities

Modern Education Hub

Accessible Public Spaces



Appendix A

Section 12 of Grangegorman Development Agency Act 2005

STRATEGIC PLAN 12.—

- (1) The Agency shall, as soon as may be after its establishment, prepare a plan (which is in this Act referred to as a “strategic plan”) for the strategic development of the Grangegorman site in consultation with the Dublin Institute of Technology, the Health Service Executive, the Minister and the Minister for Health and Children.
- (2) The strategic plan shall consist of a written statement and a plan indicating the objectives for the development of the Grangegorman site, including—
 - (a) the provision for the needs of the Minister of Education & Science, the Minister for Health and Children, the Dublin Institute of Technology, the Health Service Executive, the Grangegorman neighbourhood
 - (b) the provision of services (for example, roads, water, transport on site)
 - (c) public transport requirements
 - (d) the management and refurbishment of property including listed buildings
 - (e) the provision of recreational facilities
 - (f) the provision of research and development facilities
 - (g) the provision of facilities to exploit any research, consultancy or development work undertaken by the Agency in conjunction with the Dublin Institute of Technology or the Health Service Executive
 - (h) subject to the Minister's approval in writing, the setting of a budget for the strategic plan and a strategy for its delivery within the set budget
 - (i) the development of commercial activities
 - (j) facilitating access to, and use of, facilities forming part of the Grangegorman site by residents in the Grangegorman neighbourhood
 - (k) the development of the Grangegorman site in the context of land usage in the vicinity and in a manner that is sympathetic with its urban setting

- (3)** In preparing a draft of the strategic plan, the Agency shall
- (a) have regard to the development plan made by Dublin City Council
 - (b) consult with the Dublin City Council, Enterprise Ireland, IDA, the Dublin Transportation Office, Córas Iompair Éireann, the Railway Procurement Agency, other relevant bodies established by or under statute, the local community (including the Grangegorman neighbourhood) and other persons with a relevant interest in the matter, and
 - (c) make arrangements for the making of submissions by interested parties in relation to the draft and the consideration by the Agency of any such submissions.
- (4)** Before a strategic plan is adopted, the Agency shall—
- (a) publish in one or more daily newspapers circulating in the area in which the Grangegorman site is located and on a website a notice—
 - (i) *stating that a draft strategic plan has been prepared and that it will be considered by the Agency,*
 - (ii) *indicating the time at which, the period (which shall be not less than one month) during which and the place where a copy of the draft strategic plan may be inspected,*
 - (iii) *indicating where a copy of the draft strategic plan may be obtained and specifying the fee (if any) for such copy (which shall be not more than the reasonable cost of making such a copy),*
 - (iv) *stating that submissions or observations may be made in writing to the Agency in relation to the draft strategic plan before a specified date (which shall be not less than 2 weeks and not more than 8 weeks after the end of the period for inspection)*
 - (b) consider any submission or observations made to it under this subsection and not withdrawn and make such amendments or modifications (if any) to the draft development plan as it considers appropriate, and
 - (c) publish on a website any submissions or observations made to it under this subsection and not withdrawn.
- (5)** Dublin City Council and An Bord Pleanála shall, in deciding any application or appeal under the Planning and Development Act 2000 in respect of development in the Grangegorman site area, consider anything relevant contained in the strategic plan.

Referencing this Strategic Plan to the Statutory requirements of Section 12 of Grangegorman Development Act 2005

SECTION 12 (2)	OBJECTIVES	STRATEGIC PLAN SECTION:
(a)	<p>the provision for the needs of:</p> <ul style="list-style-type: none"> • the Minister of Education & Science • the Minister for Health and Children • the Dublin Institute of Technology • the Health Service Executive • the Grangegorman neighbourhood 	<p>2.5, 5.6</p> <p>2.6, 4</p> <p>2.5, 4, 5.3, 5.6, 6.1, 6.2</p> <p>2.6, 4, 5.3</p> <p>2.7, 4, 6.2, 6.6</p>
(b)	The provision of services (for example, roads, water, transport on site)	4, 5.5, 6.4,
(c)	public transport requirements	4
(d)	the management and refurbishment of property including listed buildings	4.7
(e)	the provision of recreational facilities	4.1, 6.2, 6.6,
(f)	the provision of research and development facilities	5.6, 6.1
(g)	the provision of facilities to exploit any research, consultancy or development work undertaken by the Agency in conjunction with the Dublin Institute of Technology or the Health Service Executive	6.1
(h)	subject to the Minister's approval in writing, the setting of a budget for the strategic plan and a strategy for its delivery within the set budget	8
(i)	the development of commercial activities	5.6
(j)	facilitating access to, and use of, facilities forming part of the Grangegorman site by residents in the Grangegorman neighbourhood	6.2, 6.6
(k)	the development of the Grangegorman site in the context of land usage in the vicinity and in a manner that is sympathetic with its urban setting	4



Grangegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Appendices

GDA Draft Strategic **PLAN** 2010

Innovative Urban Quarter
Contemporary Healthcare Facilities
Modern Education Hub
Accessible Public Spaces

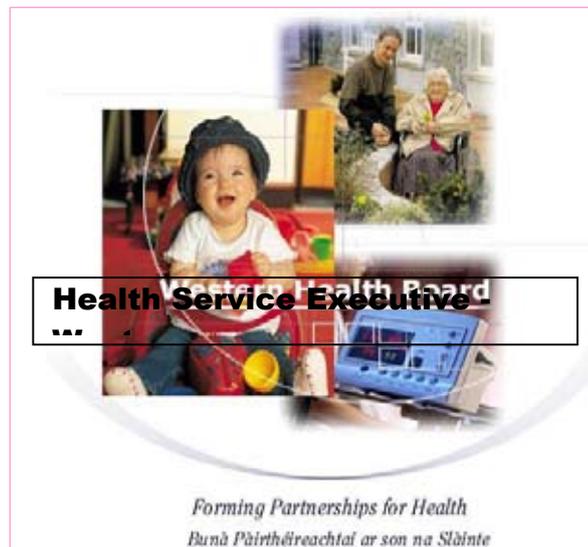


Appendix B



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Grangegorman – St Brendan’s Hospital Concise Project Planning Brief



VERSION 9B

Project Title:	Proposed Health Care Facilities
Location:	Grangegorman
Local Health Office:	Area 6 PCCC
Care Group:	

Contents

- 1. Executive summary**
 - 2. Historic background**
 - 3. Present Use**
 - 4. Strategic Context and Future Proposed Use**
 - 5. Drivers for Change**
 - 6. Services required on Site**
 - 6.1. Mental Health Care**
 - 6.2. Primary, Community and Continuing Care**
 - 6.3. Services for Older Persons**
 - 6.4. Services for People with Disabilities**
 - 6.5. Addiction**
 - 6.6. Children and Families**
 - 6.7. Catering**
 - 6.8. Parking**
 - 6.9. External Works**
 - 6.10. Locations**
 - 7. Social Inclusion**
 - 8. Co-operation and Partnership with DIT**
 - 9. Functional Brief**
 - 10. Schedules of Accommodations**
- Appendix 1**
Appendix 2

1. Executive Summary

This Concise Project Planning brief describes the elements of the Health Service Executive's configuration programme on the Grangegorman site. The programme will deliver a service model for Health Care services and broadly comprises:

- Provision for Mental Health Care
- Provision for Primary, Community and Continuing Care
- Provision for Older persons
- Provision for people with Disabilities

This will provide for further development of community services across Dublin North West which will provide local, modernized services within a modern quality environment.

2. Historic Background

The Grangegorman site has provided the City of Dublin with healthcare facilities, particularly, those associated with psychiatric care for two hundred years.

Over that time a site of 26.69 hectares (73 acres) has been assembled which is now divided by Grangegorman Road into two sites, East and West. The West site is the larger at 22hectares (57 acres).

Both sites have numbers of existing buildings in varying states of repair, some of which are registered as "protected buildings".

For close on two hundred years, psychiatric care has been administered to the public on this site from the original Richmond Asylum to the present St. Brendan's Hospital. The hospital's history is therefore a history of Irish psychiatry and the development of psychological medicine throughout the world.

It is therefore felt that any new or re-development of the site should bear recognition to this fact by way of a small museum and display of items inclusive of artefacts, records, and photographs.

3. Present Use

The Hospital at present is home to and cares for approximately 120 Clients suffering from varying degrees of psychiatric illness, with the necessary care staff. It also houses the administration for the Health Service Executive – Dublin North West, and facilities for psychology, addiction, sheltered employment and geriatric housing.

4. Strategic Context and Future Proposed Use

The Health Service Executive (HSE) wishes to:

- Accommodate the Clients and Services already in-situ on site
- Provide for required additional health services for the area, which in common with much of the city, has a rapidly expanding population
- Accommodate on site Services at present in rented accommodation in the area, where leases will elapse or rent reviews will be excessive
- Promote co-location to sustain as well as develop improvements in finances, using our resources, both in term of facilities and staff, in the most efficient way while delivering the best possible care for patients

It is anticipated that the HSE is at present providing Services for a population in the area of 45,000, which is anticipated to rise to 70,000 by the year 2011. This will be supplemented by a possible addition of 25,000 students plus staff who may attend the DIT Campus when located on the site plus additional services and persons that the Campus will attract.

5. Drivers for Change

The drivers for changes are:

- Continued modernization of services through models of care
- Provision of modern 'fit for purpose' patient accommodation that affords high levels of privacy and dignity in appropriate and safe environments which enables the delivery of safe and effective care to patients, and to those that are mostly unwell and especially to patients who have long term severe and enduring mental health problems
- Improved efficiency and effectiveness of resources – establishing services that maximise the quality of health care and the provision of facilities which are appropriate to need and spatially efficient.
- Provision of appropriate accommodation to facilitate improvements in care pathways to achieve safe and therapeutic environments for vulnerable patients

6. Services required on Site

6.1 Mental Health Care

The current number of clients and bed spaces on the site numbers 120.

The type of care required varies from a number who need a secure, intensive care environment, through to long stay and short stay rehabilitation.

Security

Security in the context of mental health care provision can be considered in the following components:

- Physical Security – this might include fencing, locks, restraint, surveillance and searching and removal of objects that might provide a threat.
- Procedural Security – this might include risk assessment processes, monitoring, and accompanied visits to the community, staffing levels or arrangements for visitors.
- Relational Security – this is a key, and involves the relationship built up between staff and patients. As the level of security rises, the staffing levels rise. This all builds up trust, continuity and respect whilst ensuring safety.

It is therefore envisaged that the psychiatric unit would comprise:-

Intensive Care Rehabilitation Unit - comprising

a). A 30-bed unit designed to cater for Clients with special needs and requiring a secure environment

and b). *Continuing Care Unit*

One 20-bed low security, continuing care unit with flexible level of security. This is to accommodate patients currently at St. Brendan's with enduring mental illness, challenging behaviour, who may at times pose a risk to themselves or to others (staff and public).

Community Forensic Service

To provide a forensic mental health expertise service delivered in secure outpatient setting. It will facilitate forensic assessment to the Courts under the Criminal Law Insanity Bill.

Rehabilitation / Respite

Two 20-bed units to accommodate those currently on campus with continuing care needs and to provide respite care for those in hostel and nursing home accommodation.

An additional 10-bed unit is required for community generated rehabilitation, those who develop first episode psychosis, those admitted to Connolly Hospital, and who require intensive rehabilitation prior to community discharge.

There is also a need to provide a 12-bed High Support hostel and a 20-bed Step Down Facility.

In conclusion in order to cater for the current and foreseeable needs a 132-bed complex is required.

This service should be supported by Day Care facilities, including a joint Day Care/ Rehabilitation facility, Forensic outpatient clinic, and Day Hospital as well as facilities such as Occupational Therapy, Social Workers, Psychology, Psychotherapy, Nursing and Medical areas.

6.2 Primary, Community and Continuing Care

Health & Social Care Network Centre

This will be the main centre for the provision of medical care to the District. A wide range of services including general Practitioners, Dental, Speech and Language Therapy, Addiction Services, Psychology and Psychotherapeutic services together with outreach facilities will be provided.

The addition to the district of the DIT Facility with a possible additional 25,000 students plus teaching and other staff will also increase the need for health promotion, advice and minor injury clinics. It would be proposed to work closely with the DIT to assess the need and provision of these services.

An opportunity for commercial activity such as a general pharmacy would be worthy of consideration and support.

6.3 Services for Older Persons

As this area of Dublin has a sizeable and growing elderly population, it is imperative that services are provided to meet their needs.

This is seen as a continuing service providing accommodation for those needing limited care and extending to providing continuing care for those suffering dementia etc. and also a number of respite beds for those in family or outside care.

Units covering all aspects of geriatric care are envisaged. It is intended to provide facilities to cater for a total of 136 elderly with a dementia unit, long stay high dependency, respite care, rapid response beds and possibly some palliative care.

The above services should be supported by a 'Housing with Care' service, which would also provide 25 living units for the 'Frail elderly', which would be run by a 'Housing provider' in association with the HSE.

6.4 Services for People with Disabilities

To cater for people of all ages with disabilities it is proposed to have a number of purpose built units to house people who may be wheelchair bound or who have other disabilities.

The proposed services would include a Residential Accommodation for Adults with physical and sensory disabilities for 20 high dependency long-term beds and 5 high dependency with assisted aid.

This facility would also incorporate day services on site

6.5 Addiction

The HSE runs a small addiction Service at present in the grounds of Connolly Norman House. However, with an expected influx of 25,000 students and other age groups and an increase in the general population, one could anticipate a sizeable need for the provision of Advice and Clinic Centres to cater for what are now major health care and community problems largely affecting the younger end of the population.

6.6 Children & Families

To provide facilities to meet the range of services to cater for the needs of children and families. This will involve a range of services being health based, social, educational and accommodating Voluntary Agencies.

There are also services at present on site, or located in rented accommodation in proximity to the site, and it would be financial beneficial as well as improving the Services to relocate them on site

6.7 Catering

Nearly all the above facilities will need catering both for Staff and Clients/Patients. A central kitchen facility with satellite areas in each of the units will be a requirement.

Either a central Staff Restaurant or individual units in some of the Facilities will be a necessity.

If a central kitchen is not provided, individual kitchens will be needed in many of the units.

6.8 Parking

Vehicle parking to the maximum permitted by the Planning Authority will be essential on this site. Access must also take into account the movement and turning of Ambulances, other Health and Safety vehicles such as Fire tenders, delivery and cleansing lorries. Fire road access is essential to all buildings. Car Parking can either be specific to each building, or be centralized multi-storey or belowground.

6.9 External Works

Buildings such as Psychiatric and Geriatric Units will require secure, enclosed gardens for the Occupants. These should be pleasantly landscaped, easily supervised and without hazards. The orientation of these areas as regards sunlight, privacy etc. are important factors.

6.10 Locations

As the majority of these facilities require easy access for the General public and proximity to public transport, it was originally proposed that the new health Care Facilities should be located on the northern end of the site along the North Circular Road on that basis – however we now require to review and seek integration and dispersal of our services into the redeveloped site.

Access points to the site should be prominent and convey a sense of the new redeveloped site. The new developments and the site have therefore to be planned to ensure that there is potential to connect the various functions on the whole site with logical interconnections within a coherent master development plan

The healthcare developments will require careful programming in terms of phasing, enabling, decanting of existing services and ensuring that access to services is not compromised through the development period

7. Social Inclusion

The aim of Social Inclusion Services is to address inequalities in health between social groups by targeting services; improving access to mainstream services and enhancing the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring

and evaluation of health services. Social Inclusion services are significantly underpinned by the National Anti Poverty Strategy (NAPS), the National Health Strategy and equality legislation.

The particular groups of focus for social inclusion in the HSE are.

Traveller Health: Health interventions aim to improve the general health standards in the Community and to improve life expectancy in line with the settled population. Whilst there is not a large traveller population in the Grangegorman area, access to services is still important.

Ethnic Minority Services: New challenges exist for the HSE in developing appropriate, effective mechanisms of providing health services to a diverse group of service users many of whom have unique and distinctive health and support needs. Currently the Grangegorman area contains significant populations of people from Eastern Europe and Asia. There is evidence of members of these communities presenting as homeless and with mental health difficulties.

Homeless Services: Homeless Services provide a wide ranging and comprehensive response to the health needs of Homeless Service users. This service is provided both directly and also through the services of Non-Governmental Organisations (NGOs). The Grangegorman and north inner city areas already include a number of accommodation services for homeless persons.

In relation to the HSE's Social Inclusion priorities, the Grangegorman Development should therefore take into account the following:

Ensure that marginalised client groups have access to and share facilities within the Primary care Network centre. This is to include shared access and development of clinic space and meeting rooms, by either specialist HSE staff or non-government service providers.

Services for Older Persons would be inclusive of the homeless elderly population within the local community.

To work in partnership with other services within the HSE to ensure that services are inclusive with protocols for access into and discharge from services. Thus the HSE seeks to create a socially inclusive environment in partnership with the local community and DIT.

The diversity within the Grangegorman community provides opportunities for cooperative action with the DIT regarding such issues as signage and public art on the overall site.

8. Co-operation and Partnership with DIT

With both the HSE and DIT in close proximity on the site, there will be possible opportunities for co-operation and economies in running the overall development. Many of these will depend on the programming/phasing and timing of facilities coming into operation and the following are a number that could be considered:

8.1 Catering

There may be a situation for rationalization of kitchen facilities on the site. From the HSE point of view, there would be a need for a 365 day a year service and the need for certain dietary menus.

8.2 Restaurants

Again staff / public restaurants could be shared. Likewise staff restrooms, sport facilities, libraries etc.. could be open to both organizations.

8.3 Maintenance

There could be co-operation on both internal and external maintenance.

8.4 Security

Security measures could cover the whole complex.

8.5 Parking

Multi-storey parking for both staff and public could be allocated to both organizations.

8.6 Public Amenities

Shopping, services etc.. to be located where they can serve both organizations.

8.7 Building Services

Necessary services such as water storage, drainage attenuation, sub-stations, entrances / exits to be located where they can serve both co-located developments.

8.8 Crèche / Childcare

Facilities for the care of children of staff members of all organizations on the site can be provided.

8.9 Storage

Storage facilities could be rationalized.

9. Functional Brief

General principles

Access points to the Grangegorman site should be prominent and convey a clear sense of the new health care developments which will require to be planned to ensure that there is the potential to connect the various health care functions and facilities within the overall site master plan.

However the new developments will need to have a clearly defined identity and the services within them will need to be reached with ease and simply.

There should be encouragement for and access to:

- Public transport, cycling, and walking around the site specific and the whole site and avoidance of overt 'back door routes' whilst maintaining a coherent mobility plan for the whole health care entity and site interconnections/pathways, way finding and sign posting
- The site and facilities should take account of the nature and needs of specific clients, patient's visitors and other groups including those with disabilities
- The health care developments and facilities require having clear identity with minimum entry points – while maintaining direct accessible service
- Activities that may clash need to be kept apart – but staff require having opportunity to integrate as part of the overall site mobility and circulation strategy

The site network and circulation system must allow the following:

- Staff, visitors and patients general vehicular access
- Drop off points
- Parking for Visitors, Staff and Patients
- Pedestrians routes and crossing points
- Public transport and cycle
- Ambulance and patient transport services
- Emergency and Urgent Care service access
- Servicing, Transport, and Waste services
- Health Care related vehicles
- Automated distribution system

The HSE welcomes expert input and innovation and will review appropriate revalidation of any health planning assumptions – subject to fundamental clinical models being duly respected

Design

As a healthcare provider the Health Service Executive is committed to the regeneration of the Grangegorman Site. Our role as a healthcare provider therefore has a key role in improving the site, quality of living for its residents, client groups, staff and visitors as well as the promotion of sustainable development as a partner with other key players on the Grangegorman site.

The HSE is likely to be developing a full range of projects located on the site from single to mid rise to co-location and integrated as a 'living environment', with this in mind we need to set down design principles to which the 'master planners' and subsequently will then influence future designers of these developments.

We believe that from the outset in the promotion of good healthcare developments we must achieve good quality design at all levels; from the master plan through to the detailed design of individual build projects will offer greater guidance through the following principles:

1. provision of places for people - safe, comfort - variety and choice – to 'be part of and watch the world go by' yet achieve identity, security and privacy
2. existing and new site developments – character, enrichment – scale to street, village and town and the city
3. work to make connections and nodal points – ease of access and physical integration of healthcare on the site with other stakeholders especially DIT. Creation of a hierarchy of public through to private spaces – vistas and clear site orientations and routes. Strike a landscape design balance with man made and natural site form.
4. integration of healthcare – actively promotes as appropriate not only mixed tenure but pursue mixed uses to meet the needs of the variety of our user groups/clients. In essence the development control planning should consider the creation of a fully integrated and inclusive living development
5. It is difficult to calculate the monetary value of the many benefits of good building design – however it is acknowledged that user experience, reduced recovery times, improved staff facilities and increased output and quality of service can be positively affected through enhancement of the environment

Any new developments must be sited and designed to be flexible enough to respond to future healthcare changes not only in their use but through to changes in massing and infrastructure servicing.

Density of developments must be appropriate to location on site and with their conterminous neighbours. In high density developments designers must give

careful consideration to increased demand therein on use of public and communal areas and associated facilities.

Daylight and sunlight are important factors that designers need to consider especially upon building form and their layout but its impact on the quality of life both inside and outside buildings.

Environmental sustainability in these developments must be clearly demonstrated and it is intended that the redevelopment of the site will be a flagship for some sustainable developments.

Wayfinding:

Wayfinding within the health care development should be intuitive, and supported by good design to meet the full range of different groups of people coming to the site as well as the support services

Building orientation and design solutions should create spatial vistas to external spaces and internal points of reference that will enable patients, staff and visitors to orientate themselves and aid their ability to navigate around healthcare development zones and understand the whole site as part of a wayfinding strategy

Zoning:

The health care developments in their positioning on the site should be creative in their settings to offer such zones the opportunity to provide the elemental brief accommodation required for the needs of the particular identified function.

The HSE intends that this will create a significant number of benefits including the following:

- The ability to expand zones and future services capacity
- The ability to stream patients, visitors, staff and services into the correct zone as simply as possible
- Green and energy efficient building matched by appropriate construction technology and engineering controls

Security:

The security and safety of patients, visitors and staff must be a balanced approach against the needs of ease and access and egress to the facilities. Close liaison with the HSE and the Garda Planning Office should include the following Security concepts:

- The design principles of the developments should take into account the latest security initiatives as well as general design techniques
- Clear delineation between public and controlled areas, and avoidance of unobserved areas and hiding places
- The use of the health care buildings and parts as may be required at different times of the day
- Security design should be subtle and include natural barriers, access control points,

Healthcare Guidance;

Design compliance with Healthcare standards of best practice should be achieved as a minimum. The Healthcare standards to be followed include HSE and Department of Health and Children (DoHC) guidance documents in relation to:

- Clinical practices
- Infection control

The Facilities shall be designed to take account of the standards and requirements set out in the list of Health Building Notes and Hospital Technical Memoranda published by the NHS Estates. For the avoidance of doubt it is not a mandatory requirement for the design to comply in all respects with such Health Building Notes and Hospital Technical Memoranda. The Model Engineering Specifications (MES), Health Guidance Notes (HGN), Concode and Estatecode should also be followed.

The Health Technical Memoranda are a guide to the design, installation and running of specialised building service systems. Without prejudice to the foregoing, all of the Health Technical Memoranda should be taken into account (where appropriate) for Health Care Development.:

Design Life

All buildings (and all materials and components therein) should have a normal design life, consistent with a health care buildings of similar size, scale and complexity.

Other Relevant Standards

The design and construction of the healthcare buildings must be compliant with all other relevant standards, rules, regulations etc. These include:

- Planning Regulations and Law
- Building Regulations
- Local Authority conditions, requirements and bye-laws
- Conditions of the Fire Safety Certificate
- EU Directives
- British Standards (when equivalent Irish Standard is not available)
- Public Health Requirements, including HACCP regulations
- Public Utility Requirements
- RPII Requirements
- ETCI Requirements
- NEAT Assessment tool

The EU adopted the Energy Performance of Buildings Directive [2002/91/EC], known as the EPBD, on 16th December 2002. The EPBD was published in the EU Official Journal on 4th January 2003. The EPBD contains a package of mandatory measures designed to secure a significant reduction in CO2 emissions from buildings. It will make a significant contribution to the implementation of the National Climate Change Strategy.

10. Schedules of Accommodations

A schedule of accommodation per service has been produced as part of the Planning Brief for guidance of the 'master planners', to reflect the health service Executive specifications.

The schedules include:

- Net room area (functional space within each room)
- Allowance for planning g contingency, engineering and circulation

A separate allowance has been included for essential and optional accommodation

A separate allowance has not been shown for IMS, interdepartmental communication space (horizontal and vertical), pneumatic tube network, heating network, for which both local and central engineering bases will be required

An allowance will be required for external service compounds as well as linkage into an Facilities Management and Services whole site strategy

A summary of the schedule of area is shown in Appendix 1

MENTAL HEALTH CARE

PRELIMINARY SCHEDULE OF ACCOMMODATION

GRANGEGORMAN SITE

MENTAL HEALTH CARE

INTENSIVE CARE REHABILITATION CARE UNIT

comprising

A). PSYCHIATRIC INTENSIVE CARE UNIT

**Preliminary Schedules of Accommodation to
accommodate 30 clients in Two wings**

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Service entrance and control lobby	1	4	4
Shopping & pushchair bay	1	6	6
			49

Factors:

Planning	5%	2.45
Engineering	3%	1.47
Circulation	25%	12.25
	Total:	65.17

Description	Quantity	Area(m2)	Total Area(m2)
<i>Ward Areas</i>			
Single bedroom	30	20	600
En-suite wc/wash	30	5	150
Mental health seclusion room with ensuite	2	20	40
Mental health seclusion room lobby	2	3	6
Snoozelan	1	20	20
Secure room	2	10	20
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	2	15	30
Patients assisted shower & wash	4	7.5	30
Patients wc: Disabled/ wheelchair user	2	4.5	9
Female patient toilets	2	24	48
Male patient toilets	2	24	48
Visitors disabled accessible wc	2	5	10
Staff Toilets/lockers	4	12	48
<i>Patients day spaces</i>			
Patient and staff utility/laundry room with linen store	1	30	30
General activities room	1	60	60
General recreation room	2	50	100

O/T activities room	1	25	25
Dining room:	3	40	120
Patients quite sitting room:	3	40	120
Patients quite sitting room : (women only)	3	25	75
Ward pantry/kitchen	1	40	40
<i>Ward Admin</i>			
Staff/Nurse station	2	15	30
Ward Office	2	25	50
<i>Support spaces</i>			
Clinic rooms	6	16.5	99
OT/Physio office	2	12	24
Offices (Consultants, Registers, Manager)	6	15	90
Administration	1	30	30
Quiet/Interview room	2	20	40
Family/visitor room	2	15	30
Meeting room	1	40	40
Staff rest room	1	25	25
Staff kitchette	1	20	20
Dirty utility	2	12	24
Sluice	2	20	40
Patients property store	2	14	28
General store	4	10	40
Store/equipment	1	15	15
Administration storage/filing	1	40	40
Equipment store	2	15	30
Linen store	2	12	24
Cleaners room	2	6	12
Switchgear room	1	6	6
Plant room	1	14	14

2380

Factors:

Planning	5%	119
Engineering	3%	71
Circulation	25%	595
Total:		3165

Grand total: 3230

Essential complementary/shared accommodation

Regeneration kitchen	1	30	30
Entrance foyer facilities	1	57	57

Optional accommodation

Arts & craft activities room	1	20	20
Fitness room	1	20	20
Multi gym	1	20	20

147

Factors:

Planning	5%	7
Engineering	3%	4
Circulation	25%	37
Total:		195

GRANGEGORMAN SITE

MENTAL HEALTH CARE

INTENSIVE CARE REHABILITATION CARE UNIT comprising B). CONTINUING CARE UNIT

Preliminary Schedules of Accommodation to
accommodate 20 clients in Low Security Unit
including two single occupancy apartments

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Service entrance and control lobby	1	4	4
Shopping & pushchair bay	1	6	6
			49

Factors:

Planning	5%	2.45
Engineering	3%	1.47
Circulation	25%	12.25
Total:		65.17

Description	Quantity	Area(m2)	Total Area(m2)
<i>Ward Areas</i>			
Single bedroom	18	20	360
En-suite wc/wash	18	5	90
Apartment area	2	45	90
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	2	15	30
Patients assisted shower & wash	4	7.5	30
Patients wc: Disabled/ wheelchair user	2	4.5	9
Female patient toilets	2	24	48
Male patient toilets	2	24	48
Visitors disabled accessible wc	2	5	10
Staff Toilets/lockers	4	12	48
<i>Patients day spaces</i>			
Patient and staff utility/laundry room with linen store	1	20	20
General activities room	1	50	50
General recreation room	2	50	100
Dining room:	3	40	120
Patients quite sitting room:	3	40	120
Patients quite sitting room : (women only)	2	20	80

Ward pantry/kitchen	1	35	35
<i>Ward Admin</i>			
Staff/Nurse station	2	15	30
Ward Office	2	20	40
<i>Support spaces</i>			
Clinic rooms	2	16.5	99
OT/Physio office	2	12	24
Offices (Consultants, Registers, Manager)	6	15	90
Administration	1	40	40
Quiet/Interview room	2	20	40
Family/visitor room	2	15	30
Meeting room	1	40	40
Staff rest room	1	25	25
Staff kitchette	1	30	30
Dirty utility	2	12	24
Sluice	2	20	40
Patients property store	2	14	28
General store	4	15	60
Store/equipment	1	15	15
Administration storage/filing	1	20	20
Equipment store	2	7	14
Linen store	2	12	24
Cleaners room	2	6	12
Switchgear room	1	6	6
Plant room	1	14	14

2033

Factors:

Planning	5%	101
Engineering	3%	61
Circulation	25%	508
Total:		2653

Grand total:

2768

Essential complementary/shared accommodation

Regeneration kitchen	1	30	30
Entrance foyer facilities	1	57	57

Optional accommodation

Arts & craft activities room	1	20	20
Fitness room	1	20	20
Multi gym	1	20	20

147

Factors:

Planning	5%	7
Engineering	3%	4
Circulation	25%	37
Total:		195

GRANGEGORMAN SITE

MENTAL HEALTH CARE - REHABILITATION / RESPITE CARE UNIT

Preliminary Schedules of Accommodation to accommodate 20 clients

There is a need to accommodate 40 clients therefore
2 no. units are required

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Service entrance and control lobby	1	4	4
Shopping & pushchair bay	1	6	6
			49

Factors:

Planning	5%	2.45
Engineering	3%	1.47
Circulation	25%	12.25
	Total:	65.17

Description	Quantity	Area(m2)	Total Area(m2)
<i>Ward Areas</i>			
Single bedroom	18	20	360
En-suite wc/wash	18	5	90
Apartment area	2	45	90
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	1	15	15
Patients assisted shower & wash	2	7.5	15
Patients wc: Disabled/ wheelchair user	2	4.5	9
Female patient toilets	2	24	48
Male patient toilets	2	24	48
Visitors disabled accessible wc	2	5	10
Staff Toilets/lockers	4	12	48
<i>Patients day spaces</i>			
Patient and staff utility/laundry room with linen store	1	20	20
General activities room	1	50	50
General recreation room	2	40	80
Dining room:	1	70	70
Patients quiet sitting room:	2	30	60
Patients quiet sitting room : (women only)	2	15	30
Ward pantry/kitchen	1	35	35

Ward Admin

Staff/Nurse station	2	15	30
Ward Office	2	20	40

Support spaces

Clinic rooms	2	16.5	99
OT/Physio office	2	12	24
Offices (Consultants, Registers, Manager)	6	15	90
Administration	1	30	30
Quiet/Interview room	2	20	40
Family/visitor room	2	12	24
Meeting room	1	40	40
Staff rest room	1	25	25
Staff kitchette	1	25	25
Dirty utility	2	12	24
Sluice	2	12	24
Patients property store	1	14	14
General store	4	10	40
Store/equipment	1	15	15
Administration storage/filing	1	20	20
Equipment store	1	15	15
Linen store	2	12	24
Cleaners room	2	6	12
Switchgear room	1	6	6
Plant room	1	14	14

1753**Factors:**

Planning	5%	87
Engineering	3%	52
Circulation	25%	438
Total:		2330

Grand total per unit:**2395****Essential complementary/shared accommodation**

Regeneration kitchen	1	30	30
Entrance foyer facilities	1	57	57

Optional accommodation

Arts & craft activities room	1	20	20
Fitness room	1	20	20
Multi gym	1	20	20

147**Factors:**

Planning	5%	7
Engineering	3%	4
Circulation	25%	37
Total:		195

GRANGEGORMAN SITE

MENTAL HEALTH CARE - ADDITIONAL REHABILITATION / RESPITE CARE UNIT FOR COMMUNITY GENERATED

Preliminary Schedules of Accommodation to accommodate 10 clients

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Service entrance and control lobby	1	4	4
Shopping & pushchair bay	1	6	6
			49

Factors:

Planning	5%	2.45
Engineering	3%	1.47
Circulation	25%	12.25
Total:		65.17

Description	Quantity	Area(m2)	Total Area(m2)
<i>Ward Areas</i>			
Single bedroom	10	20	200
En-suite wc/wash	10	5	50
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	1	15	15
Patients assisted shower & wash	1	7.5	7.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Female patient toilets	1	12	12
Male patient toilets	1	12	12
Visitors disabled accessible wc	1	5	5
Staff Toilets/lockers	2	12	24
<i>Patients day spaces</i>			
Patient and staff utility/laundry room with linen store	1	10	10
General activities room	1	25	25
General recreation room	1	40	40
Dining room:	1	30	30
Patients quiet sitting room:	1	30	30
Ward pantry/kitchen - ADL	1	20	20
<i>Ward Admin</i>			

Staff/Nurse station	1	15	15
Ward Office	1	20	20
<i>Support spaces</i>			
Clinic rooms	2	16.5	33
OT/Physio office	1	12	12
Offices (Consultants, Registers, Manager)	3	15	45
Administration	1	30	30
Quiet/Interview room	2	20	40
Family/visitor room	1	12	12
Meeting room	1	20	20
Staff rest room	1	20	20
Staff kitchette	1	15	15
Dirty utility	1	12	12
Sluice	1	12	12
Patients property store	1	10	10
General store	1	10	10
Store/equipment	1	10	10
Administration storage/filing	1	15	15
Equipment store	1	10	10
Linen store	1	12	12
Cleaners room	1	6	6
Switchgear room	1	6	6
Plant room	1	14	14

864

Factors:

Planning	5%	43
Engineering	3%	26
Circulation	25%	216
Total:		1149

Grand total:

1214.17

Essential complementary/shared accommodation

Regeneration kitchen	1	30	30
Entrance foyer facilities	1	57	57

Optional accommodation

Arts & craft activities room	1	20	20
Fitness room	1	20	20
Multi gym	1	20	20

147

Factors:

Planning	5%	7
Engineering	3%	4
Circulation	25%	37
Total:		195

GRANGEGORMAN SITE

MENTAL HEALTH CARE - HIGH SUPPORT HOSTEL

Preliminary Schedules of Accommodation to accommodate 12 clients

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Service entrance and control lobby	1	4	4
Shopping & pushchair bay	1	6	6
			49

Factors:

Planning	5%	2.45
Engineering	3%	1.47
Circulation	25%	12.25
Total:		65.17

Description	Quantity	Area(m2)	Total Area(m2)
<i>Sleeping Areas</i>			
Single bedroom	12	20	240
En-suite wc/wash	12	5	60
<i>Sanitary facilities</i>			
Assisted bath, wc and wash	2	15	30
Assisted shower & wash	2	7.5	15
Disabled/ wheelchair user	2	4.5	9
Female toilets	2	12	24
Male toilets	2	12	24
Visitors disabled accessible wc	1	5	5
Staff Toilets/lockers	2	12	24
<i>Clients day spaces</i>			
Client and staff utility/laundry room with linen store	1	10	10
General activities room	1	40	40
General recreation room	1	40	40
Dining room: - sub divide	1	60	60
Clients quiet sitting room:	2	30	60
Pantry/kitchen - ADL	2	20	40
<i>Hostel Admin</i>			
Staff base	2	15	30
Staff Office	2	20	40

Support spaces

Treatment rooms	2	16.5	33
OT/Physio office	1	12	12
Offices (Multi Professionals)	3	15	45
O/T activities room	1	40	40
Quiet/Interview room	2	20	40
Family/visitor room	2	12	24
Meeting room	1	25	25
Staff rest room	1	25	25
Staff kitchette	1	15	15
Dirty utility	1	12	12
Sluice	2	12	24
Clients property store	2	10	20
General store	2	10	20
Store/equipment	2	10	20
Administration storage/filing	1	15	15
Equipment store	1	10	10
Linen store	2	12	24
Cleaners room	2	6	12
Switchgear room	1	6	6
Plant room	1	14	14

1187

Factors:

Planning	5%	60
Engineering	3%	36
Circulation	25%	297

Total: 1580

Grand total: 1645

Essential complementary/shared accommodation

Regeneration kitchen	1	30	30
Entrance foyer facilities	1	57	57

Optional accommodation

Arts & craft activities room	1	20	20
Physiotherapy room	1	20	20
Multi gym	1	40	40

167

Factors:

Planning	5%	8
Engineering	3%	5
Circulation	25%	42

Total: 222

GRANGEGORMAN SITE

MENTAL HEALTH CARE – SUB ACUTE (STEP DOWN FACILITY)

Preliminary Schedules of Accommodation to accommodate 20 clients

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl. 1 wheelchair place	1	16.5	16.5
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Service entrance and control lobby	1	4	4
			43

Factors:

Planning	5%	2.15
Engineering	3%	1.35
Circulation	25%	11.25
	Total:	57.75

Description	Quantity	Area(m2)	Total Area(m2)
<i>Sleeping Areas</i>			
Single bedroom	20	20	400
En-suite wc/wash	20	5	100
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash - ADL	4	15	60
Toilet	2	12	12
Visitors disabled accessible wc	2	5	10
Staff Toilets/lockers	4	12	48
<i>Clients day spaces</i>			
Patient and staff utility/laundry room with linen store	2	10	20
General activities room	2	40	80
General recreation room	2	35	70
Dining room:	2	35	70
Patients quiet sitting room	2	30	60
Patients quiet sitting room (women only)	2	20	40
Pantry/kitchen - ADL	2	25	50
<i>Ward Admin</i>			
Staff/Nurse base	2	15	30
Ward office	2	20	40
<i>Support spaces</i>			

Offices	6	15	90
Quiet room	2	10	20
Green/Safe room	2	12	24
Staff rest room	2	15	30
Meeting room	1	35	35
Staff kitchette	2	15	30
Dirty utility	2	10	20
Sluice	2	12	24
General store	2	10	20
Store/equipment	2	15	30
Linen store	2	12	24
Administration storage/filing	1	20	20
Boiler/Switchgear room	1	20	20
			1477

Factors:

Planning	5%	74
Engineering	3%	44
Circulation	25%	369
	Total:	1964

Grand total per unit: 2021

Essential complementary/shared accommodation

Regeneration kitchen	1	30	30
Day Service Facility	1	750	750

Optional accommodation

External Shed	1	12	12
Activities room	1	20	20
			812

Factors:

Planning	5%	41
Engineering	3%	24
Circulation	25%	203
	Total:	1080

Functional Brief

Mental Health Care



Theme 4

A quality physical environment that promotes good health and upholds the security and safety of service users.

INTENSIVE CARE REHABILITATION CARE UNIT comprising:

A). High Secure

Design Concept

Position within a mature setting with extensive enclosed grounds/garden; limited car parking provision; layout design for gender specific areas; PICU to have access to day space within which shall have access to full range of recreational and therapeutic activities; the Unit shall be single storey, own controlled entrance/airlock system, possible to utilise cruciform shape for high levels of visible observation – to eliminate as much as possible blind spots and allow clear lines of sight, views around corners; corridors to be minimum 3 person abreast; ceiling heights minimum three metres in many locations for feeling of space with visual access. To create an environment that responds to patients experience and maximising sight lights and experiential views; promotion of calm and well being with use of colour and natural light in communal areas/zones; ensure safety of patients and staff is not compromised

Functional Analysis

- Unit will be subject to environmental risk assessment thereby all design features, fixtures and fittings must be compliant with latest standards in minimizing ligature and other harm risks; doors minimum one and quarter for bedroom and ensuite double; communal areas accessed through double doors
- Adequacy of space and facilities for the provision of a homely environment; increased daylight to be penetrated into building from skylights and daylight pipes
- There is an allowance for smoking in designated secure area

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;
Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;
Local Garda officer to be involved in site specific security;

Client Group:

Residents who are acutely disturbed with challenging behaviours that require a secure environment

**INTENSIVE CARE REHABILITATION CARE UNIT comprising:
B). CONTINUING CARE UNIT – Low Secure**

Design Concept

- Similar to PICU design concept
- Single level with homeliness design, quality and attractiveness of building and location/outlook, and collocated with PICU – linked by an internal health/commercial high street and atrium.
- Possible use of atrium where patients can leave their home/ward to go ‘outside’ for experiential work learning and to then enjoy leisure activities in an outside garden/courtyard area
- Access to step down facilities/apartments as part of the model of care

Functional Analysis

- Similar to PICU
- Provision of high levels of therapy in a non-oppressive environment, coupled with effective observation of residents, to offer a balance between private and shared spaces.
- Buildings designed around the philosophy of care relating to the well-being of patients, staff and visitors, in particular to maintain a spacious and pleasant environment and to meet patient’s therapeutic requirements.
- Accessible to recreational/occupational activities/rehabilitation services

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;
Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;
Local Garda officer to be involved in site specific security;

Client Group:

Residents with fluctuating degrees of risk who need longer term secure care. Usually treatment resistant with challenging behaviour on occasions

REHABILITATION / RESPITE UNIT

Design Concept

- Similar to CCU
- Two storey level cluster type development - but not within multi storey development
- In close proximity to CCU on walk way/street – (5 min journey)
- Space standards – greater level of communal spaces, allowing internal and external views maximised preferably to gardens and greenery

Functional Analysis

- Similar to PICU/CCU
- As before
- Building design – ‘Recovery Model’ goals and objectives to be achieved with this building
- Accessible to Therapeutic and Occupational services, and recreational activities

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;
Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;
Local Garda officer to be involved in site specific security;

Client Group:

Residents, long term (i.e. over 1 year in service) slow stream Rehab clients who require intensive rehabilitation input.

COMMUNITY GENERATED REHABILITATION – Early Intervention

Design Concept

- Similar to R/RU
- Co-located with Rehabilitation/Occupational Therapy facilities
- Housing link to community

Functional Analysis

- As before
- Skills focused and training facilities a priority
- These beds will provide a dual function: Delivery of 24 hour nursing and therapy support to those patients with complex pathologies, requiring ongoing clinical and/or medical input to facilitate effective discharge and delivery of 24 hour nursing and therapy support to those patients who exhibit a mix of health, social and mental health issues and may need a short admission to enable diagnostic investigations, reassessment, management review or stabilisation.

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;
Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;
Local Garda officer to be involved in site specific security;

Client Group:

Residents, less than 6 months in the service, who require Rehab and training to achieve/return to Community and family

HIGH SUPPORT HOSTEL

Design Concept

- Co-located with other housing provision in the site development
- Development to include for studio style apartments
- Accessible – easy access to outdoor space
- External views and vantage points

Functional Analysis

- As before
- the robustness of construction and attention to design detail are paramount to ensure a high standard of therapeutic within a homely environment that is at the same time safe with a level of security as appropriate
- Good access to external space – gardens/courtyards)
- Natural lights and view

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;
Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;
Local Garda officer to be involved in site specific security;

Client Group:

Residents with enduring mental illness moving toward independence
(Replacement accommodation for HSH – 266 NCR)

SUB ACUTE (STEP DOWN FACILITY)

Design Concept

- Ward based design
- Co-located to PICU or sited nearby
- To preserve clients' privacy and dignity, the unit will provide a flexible allocation of accommodation to respond to the varying gender mix and diversity mix as appropriate

Functional Analysis

- As before
- The function of the service will be to integrate, link and facilitate transition between home and hospital. As such it will represent a continuum of provision spanning community, primary, acute, social care and housing, centred around the patient 24 hours a day.
- The function of the service will be to integrate, link and facilitate transition between home and hospital. As such it will represent a continuum of provision spanning community, primary, acute, social care and housing, cantered around the patient 24 hours a day.

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;

Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;

Local Garda officer to be involved in site specific security;

Client Group:

Residents from acute unit who need further care outside of the Acute Unit (Connolly Hosp)

HEALTH & SOCIAL CARE NETWORK CENTRE

PRIMARY COMMUNITY & CONTINUING CARE

PRELIMINARY SCHEDULE OF ACCOMMODATION

GRANGEGORMAN SITE

HEALTH & SOCIAL CARE NETWORK CENTRE

Preliminary Schedules of Accommodation to accommodate GP and Primary Care Teams

Patient Entrance and Reception Areas

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	2	11.5	23
Telephone area: single booth; low height	2	2	4
Reception:	2	16.5	33
Sub-wait	2	6	12
Reception office	1	10	10
Interview room	2	15	30
Child waiting	1	25	25
Waiting area: 10 places, incl. 1 wheelchair place	1	120	120
Patients wc: Disabled/ wheelchair user	2	4.5	9
Coffee dock	1	25	25
Service entrance and control lobby	1	4	4
Shopping & pushchair bay	1	9	9
			304

Factors:

Planning	5%	15
Engineering	3%	9
Circulation	25%	76
	Total:	404

Description	Quantity	Area(m2)	Total Area(m2)
<i>2 PCT MODEL **</i>			
<i>General Practitioners & Allied Health**</i>			
Consulting room / Shared / Bookable Rooms	28	15	420
Trainee room	7	15	105
Practice Nurse	7	15	105
Treatment room	7	15	105
Secretariat	1	70	70
Records	1	30	30
Specimen toilet	2	5	10
Sub-waiting	2	60	120
<i>Nursing**</i>			
Clinical room	20	15	300
Nursing office space	35	12	420
Pharmacy	1	30	30
Wound tissue viability room	3	15	45
Secretariat	1	70	70
Health promotion	1	40	40

*Area Medical Staff ***

Clinical rooms	4	15	60
Treatment room	2	20	40
Office	1	20	20

*Health Care Assistants ***

Office	2	10	210
--------	---	----	-----

*Physiotherapy / OT / SLT ***

Gymnasium	1	100	100
Clinical equipment store	2	9	18
Clinical treatment room	1	36	36
Clinical treatment room	2	14	28
Physiotherapy offices	2	16	32
SLT offices	2	16	32
OT offices	2	16	32
Store - Physio equipment	1	25	25
Store - OT equipment	1	30	30

Paediatric Service

Gymnasium	1	56	56
Store	1	10	10
Office / therapy space	3	10	30
Group room	1	19	19
Office	1	26	26
Office	1	19	38
Therapy room	2	21	21
Child observation	1	26	26
File storage	1	18	18
Administration	1	24	24
Student office	1	16	16

Social Worker / Child Protection

Team leader	2	10	20
Social work staff	4	25	100
Social work staff	8	15	120
Child Care workers	2	15	30
Individual room	1	15	15
Secretarial support	1	15	15
Family access room	1	20	20
Access room	3	15	45
Early intervention team	2	25	50
Interview room	1	12	12
Interview room with observation	1	17	17
Waiting	1	30	30
Storage	1	15	15
Playroom	1	25	25

Home Help

Office	21	10	210
Administrator	7	10	70
Administration	28	10	280

PRIMARY CARE NETWORK PERSONNEL

Psychology-Regional service

Reception/office	1	14	14
Waiting	1	14	14
Clinical room	12	12	144
File storage	1	14	14
Psychological test & equipment	1	12	12
Store	1	12	12
Staff kitchen	1	18	18
Meeting room	1	18	18
Storage	1	14	14

Psychotherapeutic Service

Reception/office	1	14	14
Group room	1	18	18
Group room	3	14	42
Group room	4	12	48
Kitchen	1	18	18
Workshop area	1	75	75
Office	6	10	60

Refugee & Asylum Seekers

Reception/office	1	14	14
Waiting	1	14	14
Clinical room	6	12	72
File storage	1	14	14
Staff kitchen	1	18	18
Meeting room	1	18	18

Dept. of Psychology Reg. Headquarters

Reception/office	1	14	14
Clinical room	1	18	18

Dietitian

Clinical room	1	15	15
---------------	---	----	----

Dental

Surgery	4	30	120
Sterilisation room	1	18	18
X-ray facility	1	14	14
Storage	1	16	16
Office	2	30	60
Waiting	1	30	30

Community Welfare

Office	1	50	50
Hatches	5	6	30
Waiting	1	120	120

Pharmacy

Pharmacy	1	50	50
----------	---	----	----

Mental Health Care Facilities

Consultant office	2	15	30
NCHD office	2	16	32
Out Patient facilities /offices	1	120	120
Administration	1	24	24
File storage	1	12	12
Offices (CMHN's / Therapists)	2	30	60
Office OT	2	18	36
Office Social Worker	2	18	36
Office Psychology	2	18	36

Emergency 'drop-in' room	1	10	10
Clinical room	2	12	24
Conference room	1	30	30
<i>Forensic outpatient clinic - Secure area</i>			
Secure waiting & reception	1	50	50
Client toilet	2	5	10
Client wc Disabled/ wheelchair	2	4.5	9
Staff toilet/lockers	2	12	24
Administration	1	20	20
Clinical room	6	25	150
Office	6	15	90
Staff rest room	1	15	15
Staff kitchen	1	18	18
Storage	2	10	20
Cleaners room	1	6	6
<i>Psychiatric Day Hospital</i>			
Reception/office	1	11	11
Multi-disciplinary office	1	12	12
Cloakroom	2	7	14
Sub-waiting	1	35	35
Service entrance and control lobby	1	4	4
Shopping and pushchair bay	1	12	12
Patients assisted bath, wc and wash	1	14	14
Patients wc/wash	1	3	3
Patients wc Disabled / wheelchair	4	4.5	18
Visitor disabled accessible wc	2	5	10
Staff toilets/lockers	2	12	24
Sitting room	1	20	20
Patients quiet room	1	15	15
Patients quiet room	1	15	15
Day space	3	15	45
ADL kitchen	1	20	20
Dining room	1	30	30
Day Hospital kitchen/pantry	1	40	40
Staff station	1	12	12
Staff office	1	15	15
Doctor	2	15	30
Consulting room / interview	1	15	15
Examination/treatment	2	33	66
Dirty utility	1	12	12
Sluice	1	20	20
OT store	1	8	8
Equipment store	1	12	12
Cleaners	1	6	6
Beauty/hairdressing room	1	12	12
<i>Addiction Services</i>			
Addiction Services	1	250	250
<i>Additional Facilities</i>			
Diagnostics / Ultrasound facilities	1	120	120
Rapid assessment clinic space	1	100	100
Surgery suite	1	50	50
<i>Utility Spaces</i>			

Records store	3	15	45
Equipment store	3	12	36
Changing rooms	3	25	75
Dirty utility space	3	20	60
Clean utility	3	20	60
Cleaners	3	8	24
Lift	2	7	14
IT/Comms	2	15	30

Support spaces

Meeting / training room	4	38	152
Inside / outside play area - Children	1	25	25
Conference facilities	1	100	100
Shared meeting rooms	3	20	60
Shared treatment facilities	5	16	80
Shared treatment facilities	1	20	20
Centre administration/offices	1	100	100
Switchgear	6	10	60
Plant room	2	40	80

8084

Factors:

Planning	5%	404
Engineering	3%	242
Circulation	25%	2021
Total:		10751

Grand total:

11155

Essential complementary/shared accommodation

Regeneration kitchen	1	40	40
Entrance foyer facilities	1	60	60

Optional accommodation

Arts & craft activities room	1	40	40
Family resource centre	1	125	125
Multi gym	1	40	40
General admin space for support team	1	1090	1090

1395

Factors:

Planning	5%	70
Engineering	3%	41
Circulation	25%	349
Total:		1855

Functional Brief

Primary Community & Continuing Care

PRIMARY COMMUNITY & CONTINUING CARE

Design Concept

- The multi-storey building can be designed such that services become increasingly more specialist as the patient moves up the facility
- Recognising that the patient journey is often complex and unpredictable co-locating a range of professional services will support not only the smoothing of this journey but also the redesign and continuous improvement to services we seek.
- The location of the HSCNC development will mean that it will provide improved access to a range of healthcare services to people in the Grangegorman area with the greatest needs. This will positively contribute to reducing health inequalities and reducing barriers to service access.
- As phased split development to deliver - provision of existing Clinical Primary Care; and Diagnostics and additional community services

Functional Analysis

- The aim is to provide a quality environment to enable the integration of a range of health services including, self care, urgent care, treatment services and extended planned primary care services. The current plan will accommodate a new integrated urgent network care hub which will incorporate walk-in-centre, on-site centralised pharmacy, GP out of hour's services incl. for e.g.. emergency dental treatment and have strengthened links to social care and mental health services. In addition, appropriate facilities will also be available to support development of both Independent Sector & Integrated Clinical Assessment and Treatment Services.
- From a patients perspective the facility will provide access to a differing systems of extended primary care services in a single location, from immediate access to urgent care to more specialist diagnosis and treatment.

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;
Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits - horizontal and vertical fire evacuation
Local Garda officer to be involved in site specific security;

Client Group:

Access for all local community and campus

SERVICES FOR OLDER PERSONS

PRELIMINARY SCHEDULE OF ACCOMMODATION

GRANGEGORMAN SITE

SERVICES FOR OLDER PERSONS - DEMENTIA UNIT

Preliminary Schedules of Accommodation to accommodate 24 clients

Entrance and Reception

Description	Quantity	Area(m ²)	Total Area(m ²)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Service entrance and control lobby	1	4	4
			12
Factors:			
Planning	5%		0.6
Engineering	3%		0.36
Circulation	25%		3
	Total:		15.96

Description	Quantity	Area(m ²)	Total Area(m ²)
<i>Ward Areas</i>			
Single bedroom	24	20	480
En-suite wc/wash	24	5	120
Snoozelan	1	20	20
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	2	15	30
Patients assisted shower & wash	2	7.5	15
Patients wc: Disabled/ wheelchair user	2	4.5	9
Visitors disabled accessible wc	1	5	5
Staff Toilets/lockers	1	12	12
<i>Patients day spaces</i>			
Utility/laundry room with linen store	1	30	30
Therapy room	1	20	20
Sitting room	1	30	30
Dining room:	2	25	50
Patients quite sitting room:	2	25	50
Patients quite sitting room : (women only)	1	25	25
Ward pantry/kitchen	1	25	25
<i>Ward Admin</i>			
Staff/Nurse station	1	15	15
Ward Office	2	15	30
<i>Support spaces</i>			
Clinic rooms	1	16.5	16.5
Offices (Consultants, Registers, Manager)	2	15	30

Quiet/Interview room	1	20	20
Dirty utility	1	12	12
Sluice	1	20	20
Patients property store	1	14	14
Store/equipment	1	15	15
Equipment store	1	15	15
Linen store	1	12	12
Cleaners room	1	6	6
Switchgear room	1	6	6
Plant room	1	14	14

1146.5

Factors:

Planning	5%	57
Engineering	3%	34
Circulation	25%	286
Total:		1523.5

Grand total:

1539.46

Essential complementary/shared accommodation

Staff rest room	1	25	25
Regeneration kitchen	1	30	30

Optional accommodation

Arts & craft activities room	1	20	20
Physiotherapy	1	25	25

100

Factors:

Planning	5%	5
Engineering	3%	3
Circulation	25%	25
Total:		133

GRANGEGORMAN SITE

SERVICES FOR OLDER PERSONS - COMMUNITY NURSING UNIT

Preliminary Schedules of Accommodation to accommodate 50 clients There is a need to accommodate 100 clients therefore 2 no. units are required

Entrance and Reception

Description	Quantity	Area(m ²)	Total Area(m ²)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl 1 wheelchair place	1	16.5	16.5
Service entrance and control lobby	1	4	4
			38.5

Factors:

Planning	5%	0.6
Engineering	3%	0.36
Circulation	25%	3
	Total:	42.46

Description	Quantity	Area(m ²)	Total Area(m ²)
<i>Ward Areas</i>			
Single bedroom	26	20	520
En-suite wc/wash	26	5	130
Two bedded ward	12	32	384
En-suite wc/wash	12	5	60
Family overnight room	1	25	25
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	2	15	30
Patients assisted shower & wash	2	7.5	15
Patients wc: Disabled/ wheelchair user	2	4.5	9
Visitors disabled accessible wc	2	5	10
Staff Toilets/lockers	2	12	24
<i>Patients day spaces</i>			
Utility/laundry room with linen store	1	30	30
Therapy room	2	20	40
Sitting room	2	30	60
Dining room:	2	25	50
Patients quite sitting room:	2	25	50
Ward pantry/kitchen	2	25	50

<i>Ward Admin</i>			
Staff/Nurse station	2	15	30
Ward Office	2	15	30
<i>Support spaces</i>			
Clinic rooms	2	16.5	33
Offices (Consultants, Registers, Manager)	2	15	30
Quiet/Interview room	2	20	40
Dirty utility	2	12	24
Sluice	2	20	40
Patients property store	2	14	28
Store/equipment	2	15	30
Equipment store	2	15	30
Linen store	2	12	24
Cleaners room	2	6	12
Switchgear room	2	6	12
Plant room	1	20	20
			1870

Factors:

Planning	5%	94
Engineering	3%	56
Circulation	25%	468
Total:		2488

Grand total per unit:

2530.46

Essential complementary/shared accommodation

Staff rest room	1	25	25
Regeneration kitchen	1	30	30

Optional accommodation

Arts & craft activities room	1	20	20
Physiotherapy	1	25	25

100

Factors:

Planning	5%	5
Engineering	3%	3
Circulation	25%	25
Total:		133

GRANGEGORMAN SITE

SERVICES FOR OLDER PERSONS - RESPITE / INTERMEDIATE CARE UNIT

Preliminary Schedules of Accommodation to accommodate 12 clients

Entrance and Reception

Description	Quantity	Area(m ²)	Total Area(m ²)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception: 2 position	1	10	10
Waiting area: 10 places, incl 1 wheelchair place	1	16.5	16.5
Service entrance and control lobby	1	4	4
			38.5

Factors:

Planning	5%	0.6
Engineering	3%	0.36
Circulation	25%	3
Total:		42.46

Description	Quantity	Area(m ²)	Total Area(m ²)
<i>Ward Areas</i>			
Single bedroom	12	20	240
En-suite wc/wash	12	5	60
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	2	15	30
Patients assisted shower & wash	2	7.5	15
Patients wc: Disabled/ wheelchair user	1	4.5	4.5
Visitors disabled accessible wc	1	5	5
Staff Toilets/lockers	1	12	12
<i>Patients day spaces</i>			
Utility/laundry room with linen store	1	30	30
Therapy room	1	20	20
Sitting room	1	30	30
Dining room:	1	30	30
Patients quiet sitting room:	2	25	50
ADL activity area	1	25	25
multi-purpose room	1	30	30
Ward pantry/kitchen	1	25	25

Ward Admin

Staff/Nurse station	1	15	15
Ward Office	2	15	30

Support spaces

Clinic rooms	2	16.5	33
Offices (Consultants, Registers, Manager)	2	15	30
Quiet/Interview room	1	20	20
Dirty utility	1	12	12
Sluice	1	20	20
Patients property store	1	14	14
Store/equipment	1	15	15
Wheelchair/Equipment store	1	15	15
Linen store	1	12	12
Cleaners room	1	6	6
Switchgear room	1	6	6
Plant room	1	20	20

854.5

Factors:

Planning	5%	43
Engineering	3%	26
Circulation	25%	214
Total:		1137.5

Grand total:

1179.96

Essential complementary/shared accommodation

Staff rest room	1	25	25
Physiotherapy	1	45	45
Occupational therapy	1	45	45
Regeneration kitchen	1	30	30

Optional accommodation

Arts & craft activities room	1	20	20
Coffee shop	1	30	30

195

Factors:

Planning	5%	10
Engineering	3%	6
Circulation	25%	49
Total:		260

GRANGEGORMAN SITE

SERVICES FOR OLDER PERSONS - HOUSING FACILITY

Preliminary Schedules of Accommodation to accommodate independent clients. There is a need to accommodate 25 clients within independent type apartments in a cluster style complex

Common Complex Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth: low height	1	2	2
Reception / Administration / Communications	1	20	20
Waiting area:	1	16.5	16.5
Disabled toilet	1	4.5	4.5
Shopping & pushchair bay	1	6	6
			55

Factors:

Planning	5%	2.75
Engineering	3%	1.65
Circulation	25%	13.75
Total:		73.15

Description	Quantity	Area(m2)	Total Area(m2)
<i>Sleeping Areas</i>			
Single apartments bedroom with ensuite facilities	25	50	1250
Staff overnight bedroom with ensuite facility	2	25	50
<i>Sanitary facilities</i>			
Assisted bath, wc and wash - ADL	4	15	60
Toilet	4	6	24
Staff Toilets/lockers	2	12	24
<i>Clients day spaces</i>			
Client and staff utility/laundry room with linen store	2	10	20
Dining room:	2	35	70
Living room	2	45	90
Pantry/kitchen - ADL	4	15	60
<i>Complex Admin</i>			
Manager's Office/Staff base	2	20	40
<i>Support spaces</i>			
Offices (Therapists/Pharmacy)	4	15	60
Activity room/Day room	1	100	100
Kitchen/Servery	1	100	100

Staff rest room	2	12	24
Staff kitchette	2	10	20
Dirty utility	4	10	40
General store	4	10	40
Cleaners	4	6	24
Linen store	4	6	24
Boiler/Switchgear room	1	78	78
			2198

Factors:

Planning	5%	110
Engineering	3%	66
Circulation	25%	549
Total:		725

Grand total: 2923

Essential complementary/shared accommodation

Day Centre space for residents and local community

Regeneration kitchen	1	30	30
Day Service Facility	1	170	170

Optional accommodation

Arts & craft activities room	1	60	60
Activities room	1	24	24

Factors:

Planning	5%	14
Engineering	3%	8
Circulation	25%	71
Total:		377

Note:

Footprint to allow for the above accommodation, but build to be provided by Housing provider - to be run in association with housing provider and HSE.

Functional Brief

Services for Older Persons

DEMENTIA UNIT

Design Concept

- It has been suggested that design features fall into two basic categories: those which are necessary as a result of the dementia and those that will compensate for impairment resulting from dementia – 6 clients unit in size, and all must be very secure
- Creation of an environment which is specifically designed to meet the needs of this group of residents. Aspects such as safe wandering space, reduction of noise and glare, visual and tactile stimulation, and cueing should be addressed
- The location of the unit and such gardens needs to be considered as they will have a significant contribution to make to positive care for people with dementia. For many it preserves a last vestige of a sense of being connected with 'the outside world'.

Functional Analysis

- Good access to external space – 'wanderpaths' – not to compromise observation and flexibility – natural light and views
- Building design can make a very powerful contribution to positive care in such a unit. Throughout the unit considerable design detail will be required to the appropriate use of lighting, floor covering, décor/colourisation and signage to assist orientation
- The unit will be designed to promote independence and maintaining function for dementia care
- Facility to allow for use and development of assistive technology
- Facility to future proofed for additional technological proficient residents – to afford opportunity for future care needs

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;

Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;

Local Garda officer to be involved in site specific security;

Client Group:

Residents Males & Females (aged 65+) who suffer from a mental health problem i.e. Dementia, Depression - also people suffering from early on-set dementia.

COMMUNITY NURSING UNIT

Design Concept

- Cluster type design, communal spaces with easy access to outdoor spaces
- Homely environment, comfort and domestic scale
- Views maximised, preferably to gardens and greenery with activity vantage points
- Provision of outdoor space private, high quality garden design and associated planting are an important focus and shared
- Quality and attractiveness of building and location to be carefully designed
- The development is to be planned and designed to focus on the needs and requirements of mostly older persons community

Functional Analysis

- It is a secure and comfortable environment where patients can receive appropriate care at their level of need
- Services offered include: Day care, extended care, respite, convalescence care and physiotherapy
- The older persons living in this development may progress from one level to another in a continuum of care, from least supervised to the most technologically monitored inside the facility
- Access and views to garden space – soft landscaping and varied landscape features and pathways
- Community focus – location near to good public transport links to ensure ease of access for family/visitors
- Residents to have supervised access to local facilities/shops/park areas
- Facility to allow for use and development of assistive technology
- Facility to future proofed for additional technological proficient residents – to afford opportunity for future care needs

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;

Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;

Local Garda officer to be involved in site specific security;

Client Group:

Residents older people, which is to maintain older people in dignity and independence at home and to provide a high quality of hospital and residential care for older people when this is no longer a viable option

RESPIRE / INTERMEDIATE CARE UNIT

Design Concept

- Similar to CNU
- This unit can be developed above ground floor level and possibly above Dementia Unit
-

Functional Analysis

- Similar to CNU
- Access for ambulance/minibus directly adjacent to entrance lobby is required
- Facility to allow for use and development of assistive technology
- Facility to future proofed for additional technological proficient residents – to afford opportunity for future care needs
- Homely atmosphere with good circulation space

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;

Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;

Local Garda officer to be involved in site specific security;

Client Group:

Resident's older people, to assist in the network of support for both patient and patient's family the unit will offer respite care to relieve pressure and stress on family and carers. It is a secure and comfortable environment where patients can receive appropriate care at their level of need, all services provided by the centre will be offered to respite patients.

HOUSING FACILITY

Design Concept

- To provide places for peoples within high quality homes
- The group of dwellings should have its own clearly defined plot which describes a clear distinction between public and private areas – potential to be two/three storey development
- The buildings should offer interest, life and vitality to the public realm and generate a synergy and establishing a character and identity of their own
- In such mixed development careful consideration must be given to communal and common areas taking into account matters of resident identity, safety and security
- Facility could be separately located away from other older persosn developments

Functional Analysis

- Supported housing should be designed to meet the specific requirements of the user groups to be accommodated
- Buildings to be zonal in nature to reflect and cater for different activities/moods
- Balconies/roof terraces should be provided wherever possible as amenity spaces for dwellings above ground floor level
- ‘Smart’ homes technology will be an important design impact
- Energy efficiency, environmental sustainability and noise abatement must be carefully considered
- Facility to allow for use and development of assistive technology
- Facility to future proofed for additional technological proficient residents – to afford opportunity for future care needs

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;

Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;

Local Garda officer to be involved in site specific security;

Client Group:

Resident’s older people, for those persons requiring a less restrictive environment, through a supported living care service 24hr or as required who may require specialist input to maintain their integrity and quality of their independency

SERVICES FOR PEOPLE WITH DISABILITIES

PRELIMINARY SCHEDULE OF ACCOMMODATION

GRANGEGORMAN SITE

SERVICES FOR PEOPLE WITH DISABILITIES - RESIDENTIAL ACCOMMODATION

Preliminary Schedules of Accommodation to accommodate 20 clients

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Telephone area: single booth; low height	1	2	2
Reception / Administration / Communications	1	30	30
Waiting area: 10 places, incl 1 wheelchair place	1	16.5	16.5
Service entrance and control lobby	1	4	4
			58.5

Factors:

Planning	5%	3
Engineering	3%	2
Circulation	25%	14
Total:		77.5

Description	Quantity	Area(m2)	Total Area(m2)
<i>Ward Areas</i>			
Single bedroom	20	20	400
En-suite wc/wash	20	5	100
Visitor overnight area	1	40	40
<i>Sanitary facilities</i>			
Patients assisted bath, wc and wash	2	15	30
Patients disabled shower & wash	2	7.5	15
Patients wc: Disabled/ wheelchair user	2	4.5	9
Visitors disabled accessible wc	2	5	10
Kitchen toilet / shower / lockers	1	15	15
Staff Toilets/lockers	2	12	24
<i>Patients day spaces</i>			
Utility/laundry room with linen store	1	30	30
Multi-function room	1	50	50
Relaxation / sensory room	1	12	12
Sitting room	2	30	60
Dining room:	1	40	40
Patients quiet sitting room:	1	25	25
Ward pantry/kitchen	1	30	30

Ward Admin

Staff/Nurse station	1	15	15
Ward Office	1	15	15

Support spaces

Clinic rooms	2	16.5	33
Offices (Consultants, Registers, Manager)	2	15	30
Consultancy room	2	15	30
Quiet/Interview room	1	15	15
Physio / OT room	1	50	50
Meeting room	1	20	20
Day-care facilities	1	250	250
Dirty utility	1	12	12
Sluice	1	20	20
Patients property store	1	14	14
Store/equipment	1	15	15
Equipment store / wheelchair	1	15	15
Linen store	1	12	12
Cleaners room	1	6	6
Switchgear room	1	6	6
Plant room	1	14	14

1462

Factors:

Planning	5%	73
Engineering	3%	44
Circulation	25%	365
Total:		1944

Grand total:

2021.5

Essential complementary/shared accommodation

Staff rest room	1	25	25
Regeneration kitchen	1	30	30

Optional accommodation

Arts & craft activities room	1	20	20
Physiotherapy	1	25	25

100

Factors:

Planning	5%	5
Engineering	3%	3
Circulation	25%	25
Total:		133

GRANGEGORMAN SITE

SERVICES FOR PEOPLE WITH DISABILITIES - RESIDENTIAL ACCOMMODATION

Preliminary Schedules of Accommodation to accommodate
5 clients.

Entrance and Reception

Description	Quantity	Area(m2)	Total Area(m2)
<i>All Rooms</i>			
Entrance draught lobby	1	6	6
Shopping & pushchair bay	1	6	6
			12

Factors:

Planning	5%	0.6
Engineering	3%	0.36
Circulation	25%	3
	Total:	15.96

Description	Quantity	Area(m2)	Total Area(m2)
<i>Sleeping Areas</i>			
Single bedroom	5	20	100
En-suite wc/wash	5	5	25
<i>Sanitary facilities</i>			
Assisted bath, wc and wash - ADL	2	15	30
Toilet	1	6	6
Staff Toilets/lockers	1	12	12
<i>Clients day spaces</i>			
Client and staff utility/laundry room with linen store	1	10	10
Dining room:	1	20	20
Living room	1	20	20
Pantry/kitchen - ADL	1	15	15
<i>Hostel Admin</i>			
Staff base/Reception	1	15	15
<i>Support spaces</i>			
Offices (Therapists/Pharmacy)	1	15	15
Quiet room	1	10	10
Green/Safe room	1	12	12
Staff rest room	1	12	12
Staff kitchette	1	10	10
Dirty utility	1	10	10
General store	1	10	10
Linen store	1	6	6
Boiler/Switchgear room	1	8	8

346

Factors:

Planning	5%	17
Engineering	3%	10
Circulation	25%	86
Total:		459

Grand total: 474.96

Essential complementary/shared accommodation

Regeneration kitchen	1	30	30
Day Service Facility	1	350	350

Optional accommodation

Activities room	1	20	20
			400

Factors:

Planning	5%	20
Engineering	3%	12
Circulation	25%	100
Total:		532

Functional Brief

Services for People with Disabilities

RESIDENTIAL UNIT

Design Concept

- There will be special requirements for buildings or design for single people sharing or for reasons of health, physical disabilities or ageing - the emphasise of the need for support arrangements to be 'person centred' which should mean we need to design for such special requirements when people are supported in such an environment.
- Setting within a village or intentional community and ease of finding and getting to the entrance /'s
- Adjacent to day services
- Barrier free access and egress and ensuring accessibility

Functional Analysis

- Access to transport is essential to enable people with disabilities to lead full and purposeful lives.
- People with disabilities are often socially isolated. Helping people sustain friendships is consistently shown as being one of the greatest challenges faced by learning disability services.
- Promotion of 'ordinary living'
- Access to care services, education and lifelong learning facilities

Fire & Safety

Pinpoint alarm system – networked across units; CCTV to be utilized internally and externally;

Local Fire Brigade officer to be involved in planning of Unit for fire appliance access and fire exits;

Local Garda officer to be involved in site specific security;

Client Group:

Persons (18 – 65yrs) with physical, sensory, learning or psychiatric impairments or other long-term health conditions and persons with learning disabilities whose behaviour presents a challenge form an extremely diverse group, including individuals with all levels of learning disability, many different sensory or physical impairments and presenting quite different kinds of challenges.

RESIDENTIAL UNIT – High dependency

Design Concept

As before

Functional Analysis

As before with greater allowance for all assisted appliances, aids and equipment to sustain a quality of life.

Fire & Safety

As before

Appendix 1 – Summary Schedule of Area

GRANGEGORMAN SITE

SUMMARY OF REQUIRED FLOOR AREAS (Sq. M.)

PHASE 1

	Sub-total	Expansion TOTALS
MENTAL HEALTH CARE		
INTENSIVE CARE REHABILITATION UNIT	3425	
CONTINUING CARE UNIT	2963	
REHABILITATION / RESPITE CARE UNIT	5180	1036
COMMUNITY GENERATED REHABILITATION	1409	282
PRIMARY COMMUNITY & CONTINUING CARE UNIT		
CLINICAL PRIMARY CARE (ex)	5500	1100
GENERAL ADMIN FOR SUPPORT SERVICES	1450	
	19,927	22,345

PHASE 2

MENTAL HEALTH CARE		
HIGH SUPPORT HOSTEL	1867	373
SUB-ACUTE (STEP DOWN FACILITY)	3101	620
	4,968	5,961
PRIMARY COMMUNITY & CONTINUING CARE UNIT		
DIAGNOSTICS & ADDITIONAL COMMUNITY SERVICES	6060	1212
	6,060	7,272
SERVICES FOR OLDER PERSONS		
DEMENTIA UNIT	1672	334
COMMUNITY NURSING UNIT	5326	1065
RESPITE / INTERMEDIATE CARE UNIT	1439	288
HOUSING FACILITY*	3300	1447
	11,737	14,871

SERVICES FOR PEOPLE WITH DISABILITIES

RESIDENTIAL ACCOMMODATION	2154	431
RESIDENTIAL ACCOMMODATION	1006	201
	3,160	3,792
SUB TOTAL AREA	45,852	54,241
Additional replacement Accom (N. Circ. Road)	600	120
TOTAL AREA	46,450	54,960

- *Note: Footprint to allow for the above accommodation, but build to be provided by Housing provider - . to be run in association with housing provider and HSE*

Appendix 2 – Matrix of Constraints

Matrix of Constraints										
Mental Health Care										
1	INTENSIVE CARE REHABILITATION UNIT	Yes	No	No	2	Yes	Yes	1.0 Acre	1,2,3	
2	CONTINUING CARE UNIT	Yes	No	No	2,3	Yes	Yes	1.0 Acre	1,2,3	
3	REHABILITATION / RESPITE CARE UNIT	No	Yes	No	2,3	Yes	Yes	1.0 Acre	1,2,3	
4	COMMUNITY GENERATED REHABILITATION	No	Yes	No	4,5	Yes	Yes	0.2 Acre	4,5	
5	HIGH SUPPORT HOSTEL	No	Yes	No	4,5	Yes	Yes	0.2 Acre	4,5	
6	SUB ACUTE (STEP DOWN FACILITY)	Yes	No	No	1,2,3	Yes	Yes	1.0 Acre		
	Does this Unit need to be a Low-rise single storey									
	Does this Unit need to be a Mid-rise two storey									
	What Units cannot be co-located in multi-storey									
	What Units cannot be at higher levels in multi-storey									
	What needs to be co-located in plan									
	Does this Unit require proximate vehicular/ambulance access									
	Does this Unit require a private garden space									
	What is the size required for private garden space									
	What Units need to be built in conjunction with other Units									

Building Number (For reference on matrix only)

Primary Community & Continuing Care Unit

7	CLINICAL PRIMARY CARE (ex)				Yes				Yes			
	DIAGNOSTICS & ADDITIONAL COMMUNITY SERVICES – HSCNC				Yes				Yes			
8	ADMINISTRATION / SUPPORT AREAS	No	No	OT	Yes	2,3		Yes	Yes	0.2 Acre		
9	FORENSIC OUTPATIENT CLINIC	No	No	No	Yes			Yes	No			
10	PSYCHIATRIC DAY HOSPITAL	No	No	No	Yes	8		Yes	Yes	0.2 Acre		
11	ADMINISTRATIVE AREAS											Yes
12	SERVICE SUPPORT							Yes				

Services for Older Persons

13	DEMENTIA UNIT	Yes	Yes	Yes	Yes			Yes				Yes
14	COMMUNITY NURSING UNIT		Yes	Yes	Yes			Yes	Yes			Yes
15	RESPIRE / INTERMEDIATE CARE UNIT		Yes	Yes	Yes			Yes				
16	HOUSING FACILITY				Yes			Yes				

Services for People with Disabilities

17	RESIDENTIAL ACCOMMODATION			Yes	Yes			Yes	Yes			

Appendix 3

Replacement Accommodation for North-Circular Road Houses/site – for discussion within master plan context

226 North-Circular Road

Replacement accommodation needs: Rehabilitation services

228 North-Circular Road

Replacement accommodation needs: 10 bed Medium Support Hostel

230 North-Circular Road

Replacement accommodation needs: Mental Healthcare Day centre

St Elizabeth's Court

Replacement accommodation needs: High Support Community Care

Suggested replacement net allowance of 600 sq m is required + 20% expansion

Appendix 4

Development Adjacencies for discussion purposes

MENTAL HEALTH

The following could be within a complex with an O/T facility

- INTENSIVE CARE REHABILITATION UNIT
- CONTINUING CARE UNIT
- REHABILITATION / RESPITE CARE UNIT
- SUB-ACUTE (STEP DOWN FACILITY)

The following could be sited as an adjacency to the above complex

- COMMUNITY GENERATED REHABILITATION

The following could be sited as an adjacency to Housing development

- HIGH SUPPORT HOSTEL

PRIMARY COMMUNITY & CONTINUING CARE

Within the following development the Forensic and Day Hospital would require or be adjacent to mental health facilities

- Clinical Primary Care (existing on site); Diagnostics and additional Community Services - HSCNC UNIT

The following could be sited adjacent to administrative area of redeveloped site

- PATIENT ADMINISTRATION / SUPPORT AREAS

SERVICES FOR OLDER PERSONS

The following could be within a complex

- DEMENTIA UNIT
- COMMUNITY NURSING UNIT
- RESPITE / INTERMEDIATE CARE UNIT

The following could be sited as an adjacency to Housing development

- HOUSING FACILITY

SERVICES FOR PEOPLE WITH DISABILITIES

The following could be sited as an adjacency to Housing development

- RESIDENTIAL ACCOMMODATION
- RESIDENTIAL ACCOMMODATION



DEVELOPMENT OF A CAMPUS FOR DIT AT GRANGEGORMAN

DUBLIN INSTITUTE OF TECHNOLOGY

VOLUME 1

Strategic Brief

Institute Strategic Brief

Introduction

The Dublin Institute of Technology is creating a world-class higher education campus at Grangegorman. This campus will be designed to meet a higher education environment which underpins and serves society by supporting the economic, social and cultural life of its citizens and reflects the changing nature and evolving character of education. The campus will be student-centred and resourced to meet the multiple needs of the Institute's current student population of 20,500 students with the potential to accommodate a further 1,000 full time students when completed and a further potential increase of 30% in the decades ahead. These students range from undergraduate to postgraduate, research students, full-time, part-time, apprentice students, traditional school leavers, mature students, economically disadvantaged students, students with disabilities, international students and students studying junior music.

The Dublin Institute of Technology is part of Dublin. Through its many buildings scattered throughout the city centre, students and staff, as well as citizens of the city feel the presence of this long established educational Institute. The Grangegorman project is about the DIT creating a world-class higher education campus on the last available large development site within the city. Together with the Health Services Executive it is also about creating a new part of the city of Dublin. The challenge to masterplanners is to ensure these complimentary objectives are successfully served by a single integrated solution.

The strategic brief for the development of the DIT Campus is based on the central principle and vision that the project should be seen as providing accommodation for the Institute in addition to being a city building project. There are a number of reasons for this. First of all, the size of the site is such that any redevelopment not only affects the surrounding part of the city but also creates an opportunity to make a significant intervention in the use and built form of a section of the city of Dublin. The project will have a very major positive impact on this quarter of the city, bringing and drawing in life and business to the area, as well as offering a host of additional amenities. Secondly, the significance of DIT to the city of Dublin is considerable. Therefore, a decision to locate it in a particular part of the city will have major implications for the city itself in terms of transport, education, housing, recreational, cultural and service activities. Thirdly, by changing the use of a major segment of city space, an opportunity is created to plan that part of the city. The Grangegorman project is an urban planning project that is of equal significance to the city of Dublin as the construction of the metro system, the Temple Bar and Smithfield urban regeneration projects and the docklands development project. It creates major challenges for the masterplanning approach in terms of parameters such as: building height, open space, transport, density gradients and the extent to which the general public will have access to the streets, the buildings and the open spaces that will form the Grangegorman campus. It is imperative that any approach to the masterplanning process adopts as a fundamental principle that the Grangegorman project is as important for the city of Dublin as it is for DIT.

Within the context of the city, for DIT the primary aim of the development is to allow the Institute realise its Strategic Plan. For over 120 years DIT has occupied a unique space within the Irish higher education landscape. From its origins in technical education, DIT has evolved to provide a wide range of programmes at undergraduate and postgraduate level. The DIT Strategic Plan 2001-2015 and its subsequent series of three year Development Plans underpins the relocation of DIT to its new campus at Grangegorman. The relocation to the new campus provides DIT with the necessary infrastructure and environment to support its designation as a university and complete its move to its next stage of development. While much of DIT's programme provision is in mainstream undergraduate and postgraduate education there remains a significant proportion of activity within the apprenticeship and junior music areas. DIT is committed to maintaining these areas of activity on the new campus. DIT has had a strong tradition in part-time education and currently is the largest provider of part-time education in Ireland. Due to the nature of its building stock DIT has been

restricted in expanding and broadening its student base. The new campus will provide the essential capacity and space to expand to address this constraint.

DIT wants the campus to act as a catalyst for partnership and alliances between academia, enterprise, culture, the community and the City. It is this interaction and dynamic that the campus will promote through its design and co-location of activities. In doing so the campus environment will lead to discovery, innovation and technology transfer and an overall enhanced learning experience for the student. The campus will provide the opportunity to improve overall quality and efficiency in its operations. Technology is viewed as a defining characteristic of the new campus underpinning core Institute processes such as academic processes, administration, communications and integrated management systems. It will facilitate cross functional working and promote the sharing of knowledge. The campus will lead to better space utilisation and to better economies of scale in areas such as core academic provision, purchasing, energy, catering etc. It will lead to more effective team working coupled with a better support infrastructure.

The campus will meet the needs of the Institute's various student groups as well as the demands of an evolving learning paradigm. It will reflect the complex interaction between the learning environment (formal and informal), research facilities/centres/institutes, interaction with industry and the community while providing cultural, recreational and sporting facilities and student accommodation. Technology will be a key enabler on the new campus.

In developing the campus the Institute will be seeking to optimise the co-location of its activities as a means of promoting learning, research outputs and interaction with industry and the community. This interaction will be critical to the development of cross-faculty and interdisciplinary activity and to the generation of new educational programmes and research opportunities. In keeping with Government policy the Institute will seek to maximise third stream income generation on campus in order to underpin its activities.

The Institute is committed to developing the campus at Grangegorman in partnership with industry, state agencies, government departments, research institutes, representative organisations, cultural groups, sporting bodies, Dublin City Council, the HSE and surrounding communities as a means of creating a central resource to all stakeholders.

The Government decided in 2002 to deliver the project by way of a statutory development agency. The Grangegorman Development Agency Act of July 2005 established such an agency. At the launch of the Grangegorman Agency Bill Minister Hanafin confirmed that the Grangegorman Development Agency would;

.... manage the site as agent for the Eastern Regional Health Authority (now HSE), the Dublin Institute of Technology and the Departments involved.

This briefing document sets out DIT's vision for its future development as the basis for a masterplan to encompass DIT's total relocation to Grangegorman. The government decision was underpinned by an Ad Hoc Inter-departmental Working Group Report, which recommended that 65 of the 73 acres be allocated to DIT with a portion of the site to be retained and developed by the HSE, which is similarly preparing a briefing document. The overall site strategic plan will integrate the requirements of DIT and the HSE and their respective government departments.

The Grangegorman Development Agency Act (2005) provides for the preparation of a 'strategic plan' for the development of the Grangegorman site. This strategic plan will be informed by principles set out within the Dublin City Development Plan 2005-2011. Dublin City Council has designated the Grangegorman site as a specific development area and, as such, the site forms part of an overall Framework Area within the Dublin City Development Plan. The plans for the development of the campus must take account of, and be integrated with, other plans for the social, economic and physical renewal of the North West Inner City and with well developed linkages to the HARP area, Stoneybatter, Broadstone and King's Inn areas. It is intended that the development would provide a major stimulus to the regeneration of the Grangegorman area.

This document is an executive summary, supported by extensive additional information and reports contained in accompanying volumes.

DIT's Development Vision

The aim of the DIT campus at Grangegorman is to create an attractive vibrant learning environment and campus life, that encourages the development of an interdisciplinary and modular pedagogy, that encourages collaborative research, alliances with enterprise and creative practice, that is sufficiently flexible to meet the changing needs of society and education in the 21st century, and that recognises DIT's role as a cultural, educational and technological institution interfacing with society while responding to national economic and social imperatives. The development will create a new and dynamic campus which will make a significant contribution to the regeneration of the area.

The campus will represent a flagship development within higher education in Ireland and incorporate leading edge design, educational innovation and technology reflected by;

- Innovation in the manner DIT delivers and manages learning and research;
- A learning environment which is 'educationally alive';
- Learning and research activities that are visible to students, staff and visitors alike;
- The adoption of principles of long term environmental sustainability as a hallmark of the campus;
- Quality urban design and a strong integration between the campus and the surrounding city;
- The campus will be a model of best practice in offering universal access.
- A range of provision on campus which offers a rounded mix of high quality educational, social and recreational facilities for the student, staff and the wider community;
- A density of population, facilitating the maximum possibility for collaboration between faculties and disciplines;
- An environment which provides a faculty/discipline based identity while equally advancing an overall Institute identity;
- A focus on building a strong alliance with industry on campus through an enterprise technology centre/hub complemented by alliances with industry off-campus in support of economic development and collaboration with professional bodies;
- A focus on flexible building design to encourage and promote synergy, integration and intellectual interaction;
- A major focus on the optimisation of 'balance-space'; corridors, stairways, halls, as learning and social spaces for campus user groups;
- A strong focus on technology as a driver in learning, research and administration;
- Research facilities which reflect the central role of DIT in the generation, application and exploitation of new knowledge; and
- Flexibility of layout that will accommodate future potential expansion of at least 30%;

In pursuing this overall vision synergy and coordination will be sought with the requirements of the HSE in such areas as

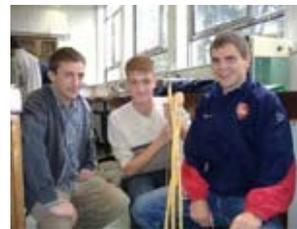
- Joint academic and health activities
- Future research and development activities
- Site infrastructure and utilities
- Site management and maintenance

Multi-level, Learner Centred Environment

"The way space is designed shapes the learning that happens in that space"

The campus will provide a student-centred learning environment that encourages and promotes learning and which extends beyond traditional higher education environments to accommodate new learning paradigms/strategies and evolving student constituencies. This environment will:

- Provide a learning environment of the highest quality for academic staff and students, in which a new student centred learning paradigm is being fostered with a focus on the active participation by students in their own education.
- The learning environment will underpin many and various learning styles - a built pedagogy;
- Foster a culture of creativity and innovation;
- Consist of academic buildings that are engaging, designed to foster interaction, and human in scale;
- Have the capacity, flexibility, and built environment, to enable the Institute to evolve and adapt its programmes and activities over time in response to changing circumstances and emerging knowledge and research supportive environment;
- Accommodate the delivery of programmes and modules through technology mediated learning, in particular, through the use of e-learning, WebCT and distance learning methodologies;
- Accommodate new interdisciplinary programmes and research which characterise the new knowledge economy and create a new synergy between and across disciplines;
- Provide appropriately for an evolving and diverse student body incorporating mature students, students with disabilities, continuing education and second chance students with a particular focus on catering for those students from economically disadvantaged backgrounds;
- Provide an infrastructure which will allow the Institute reach out into the external environment and deliver programmes off-campus, in out-reach centres, in industry, and with other educational institutions;
- Provide a range of formal and informal learning spaces, both



dedicated and shared, that are bookable by both staff and students.

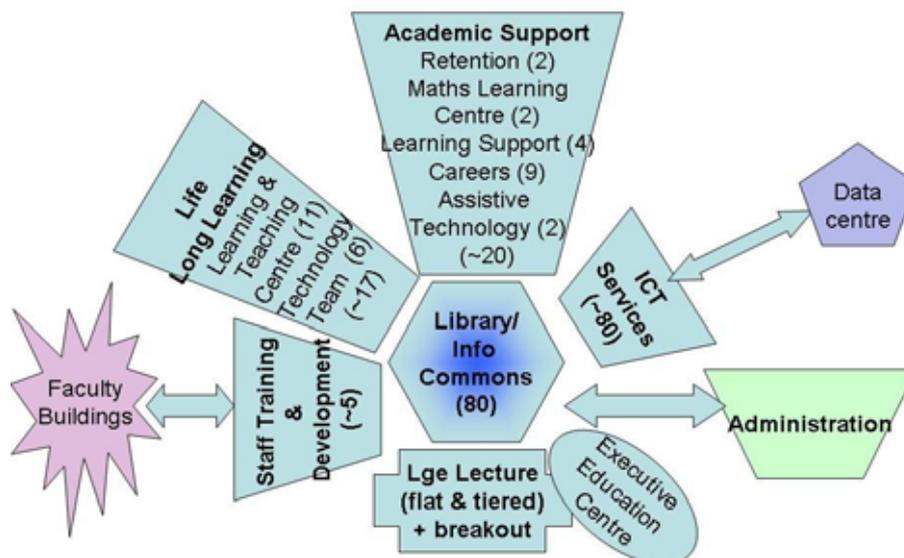
- Learning spaces to embrace the following key concepts:
 - Mobility
 - Flexibility
 - Access
 - Technology enabled
 - Information access e.g. TV, radio, internet
 - Variable lighting control
 - Sustainability
 - Ambience - comfortable, well-designed, welcoming
- A balance to be achieved in terms of the distribution of different kinds of learning spaces, according to pedagogical and departmental needs and objectives i.e. a 'fit for purpose' approach.



Provide at its core a central Academic Hub accommodating:

- Library/learning resource centre
- Information commons
- Language centre;
- Large lecture theatres/conf. centre
- Academic support structures

Academic Hub



Research Supportive Environment

The increasing importance of research and post-graduate education is one of the single largest changes in third level education in the last 20 years, and indeed has led to the emergence of a "fourth" level. DIT has substantially increased its levels of post-graduate and research activity, and has created a number of centres dedicated to supporting individual areas of enterprise and industry. The thrust of government policy is to continue to grow these activities to underpin the move to a knowledge society, indicating the need to allow for significant expansion going forward. The campus must have the necessary physical infrastructure to underpin DIT's role in advancing Ireland's progress to a knowledge society. The scale and complexity of modern internationally competitive research is such that major research initiatives will be in collaboration with other institutions and bodies. An integrated campus in the heart of a European capital city can provide an ideal location for major national and international research facilities. Much of modern research is in the arenas of healthcare and life sciences and the co-location of health and education activities on the one site offers a unique opportunity to build on these trends.

Along with the direct outputs of research is the realisation that high quality undergraduate courses can only be provided in an academic learning environment that is underpinned by a vibrant research culture. Research activity must have a high profile, allowing all our students to understand the important role that research is playing in their education. For practical and operational reasons research will be carried out in specialised centres and institutes that partner with faculties and form a bridge to industry, commerce and the whole of society. These dedicated facilities need to co-located with their related disciplines/faculties, but in such a manner that they can expand in future. The campus should:

- Enhance and promote an ethos of research and scholarship.
- Reflect that ethos in the nature of the research buildings, their proximity and integration with other academic facilities, and accessibility to industry and innovation in a welcoming environment.
- Provide for designated research centres and institutes developed in accordance with the Institute's Strategy for Research and Scholarship and in response to national and international priorities.
- Initially plan for 3-4 individual research centres of sufficient size & critical mass with individual identities/specialisations, strongly related to complementary undergraduate activities.
- Provide a high profile/high visibility for research activity, emphasising its physical expression,
- Facilitate the nexus between 'teaching and learning', 'research and scholarship' and 'industry interaction';
- Provide a setting that encourages dialogue between researchers from all backgrounds, thereby engendering interdisciplinarity;
- Have capacity for significant growth to flexibly respond to emerging research topics.



Alliances with Industry

The Grangegorman campus will provide a new vision for industry / academic alliances reflected in a significant and integrated industry presence on campus, rather than “nearby”. A commitment to at least 50,000m² of industry/enterprise space, representing ~20% in total, will help foster a new dynamic, with daily formal and informal contacts and interactions between, students, researchers, and knowledge workers. It is envisaged these facilities will host a range of clients, from the small start-up to research functions of major corporations, professional bodies and all manner of knowledge intensive enterprises. Locating on campus will facilitate learning, research, innovation, technology transfer and employment opportunities. It will:

- Accommodate a major industry centre on campus which will be developed flexibly to provide for incubator units, near market units, joint development entities
- Facilitate a strong industry presence on campus to underpin a growing involvement in the development and application of new learning methodologies and content
- Provide, in the centres and in other locations on campus, including within dedicated research clusters, for collaborative initiatives between the Institute and industry in training, consultancy and research;
- Make specialised provision for company training, building on DIT’s strengths in a wide variety of niche areas;
- Provide high quality executive training facilities appropriate to DIT’s growing role in this area; and
- Provide a focus for an expanded role in supporting local economic development and enterprises.



Artistic & Cultural

A focal point of the Grangegorman campus will be the Centre for the Visual, Performing and Media Arts. This will provide an integrated home for DIT’s currently widely dispersed provision in fine art, photography, music and drama, design, journalism and digital media. As the name implies the faculty is firmly rooted in an ethos of practice, which demands that the students have suitable venues and opportunities for performance, display and exhibition. The Institute is keen to build upon the possibilities of this unique combination of venues in cooperation with other bodies, institutions and the City Council.

- An integrated and vibrant performance, exhibition, teaching and research facility, serving staff and students and the wider community including music performance venue(s), gallery space, and exhibition space



- A public venue for DIT exhibitions and performances as well as visiting artists and performers.
- An outdoor performance area
- Art & installation as an integral part of buildings
- The campus as setting for sculpture



Additional information with respect to artistic and cultural facilities is contained in the Faculty of Applied Arts Submission.

Campus Life

A key attribute of the new campus is that it should provide a vibrant, attractive, secure and supportive environment for all students. The campus should offer:

- A single convenient location for all Institute student services with a common one-stop-shop front of house in close proximity to Student Union supports
- A centrally located student social centre/student union, including a multi-purpose "black-box" type venue, clubs and societies facilities, and meeting spaces.
- Active/noisy/communal areas to be acoustically isolated from services focused areas.
- Student services to be close by recreation/student union and clubs & societies facilities creating a vibrant student hub, distinct from more academic parts of the campus
- A secure environment with active and passive surveillance.



Recreational/Student Life Hub



A Residential Campus

Typically 15%-20% of the full time student cohort live on campus. Living on campus offers students a more holistic educational experience, encouraging more engagement, both academically and socially, contributing to a more vibrant campus environment, and significantly reducing commuting journeys. DIT student accommodation should seek to:

- Foster a sense of community and belonging
- Create a safe, secure and supportive environment for all residents
- Be clustered in distinct identifiable groupings of 300-400 beds maximum for ease of management and a sense of community.
- Access to recreational, commercial and indoor sporting facilities
- Aim to provide accommodation for 20% of the full time student cohort
- Provide for the particular needs of families, postgraduates, executive education and visiting faculty.
- Plan for efficient summer usage.
- Plan for expanding numbers and a further increase in on-campus living to 30%+ in balance with supply in surrounding communities.
- Easy and direct access off campus



Sporting and Recreational Facilities

The campus provides an opportunity to provide much needed sport and recreation facilities. DIT has a clear policy to promote sport for all, but also aims to cater for established clubs, and also athletes enrolled under the DIT sports scholarships programme. In addition the existing pitches are used by a number of local clubs and schools. Given the accessible city centre location there is also the opportunity to provide major specialised facilities of a regional nature, perhaps in collaboration with other civic or sporting bodies. The objective of the DCC Development Plan "to ensure the existing environmental amenities are protected in any future use of these lands" is fully compatible with DIT's desire to maintain a significant element of open space, including playing pitches. It is envisaged that the indoor sporting facilities will be located within easy access of student residences and other student focused recreational and support facilities, and will be publicly accessible.

- An indoor sporting complex to include: swimming pool, large aerobic exercise suite with weights machines and free weights, large sports hall, two smaller halls, squash and handball alleys, climbing wall.
- Pitches for GAA (competition), GAA practice, Soccer, Rugby, all-weather general purpose and hockey
- Tennis & basketball courts
- Campus jog loop
- Utilisation of any water bodies for water polo and/or diving
- Plan to support at least one sport at regional/national level.



Commercial & retail activities

Minister Hanafin at the second stage reading of the Grangegorman Development Agency Bill in November of 2004 indicated that

“all commercial activity will be linked directly to the education centre, perhaps in the form of enterprise incubator units where research facilities will be based and research activities ancillary to health services or wider education services.”

The raison d'être of any commercial activities on campus is to underpin the academic mission of the institute. Two major commercial elements will be the student accommodation and the science enterprise park as detailed elsewhere. But there will need to be mix of retail outlets such as cafes, general stores, bookstore, IT supplies, printing and reprographics, music, art & drawing materials and sporting goods, etc complimenting services available in the immediate vicinity. It is essential that an attractive and balanced mix of outlets is created that contribute to a vibrant and self-sustaining community on campus.

In line with government policy that third level institutions diversify their funding sources DIT will be seeking to maximise the income generation potential of the campus;

- Income generation will fund developments which are critical to the completion of the campus and to the strategic objectives of the Institute.
- Such developments will extend to all areas of Institute activities and include educational, research, cultural, recreational, sports facilities and partnerships with industry;
- Commercial activities will contribute to the creation of a vibrant campus environment;
- It is envisaged that many commercial activities will need to be located in high profile and accessible locations on campus
- The crèche needs to be easily accessible by car and linked to the teaching facilities of Department of Social Care.
- The relative disposition of academic and non-academic facilities on campus will be an important contribution to creating and sustaining a vibrant year-round campus environment and atmosphere.



Information Technology

Information technology will be a defining characteristic of the new campus. The integration and application of technology provides an opportunity to create an innovative people focused learning environment supporting learning pedagogies, research, interaction with industry, the wider community and key stakeholders. In addition, through technology key Institute business processes can be delivered in an innovative and flexible manner. In addition buildings management, systems, access and security across the campus will share the network infrastructure. In planning the campus facilities technology will:

- Play a central role in underpinning the delivery of learning and teaching (on and off campus), research, links with industry and administration;
- Drive Institute processes to obtain greater levels of synergy across all Institute activities
- Be underpinned by a unified state of the art information technology infrastructure;
- Universal access to a single common IT network across the entire campus
- Maximum flexibility through a combination of fixed and mobile computing
- Most software to be universally accessible through a common portal with suitable controls
- A central information commons offering supported 24/7 access to technology in a central location linked to the library.
- Smaller banks of open access computer facilities in a number of highly accessible locations.
- Specialist and discipline specific hardware & software to be locally managed.
- Deliver an integrated campus-wide universal Buildings Management Systems, access control, security and monitoring, and cash systems.



Identity

The Institute has its origins in technical education offered in a number of key locations across Dublin City for over a century. In many cases these particular locations are dedicated to a particular faculty/discipline, creating a significant identity and recognition with generations of graduates, industry practitioners, representative bodies and the general public. It is important in relocating to a new campus that:

- The campus will maintain the identity of each faculty while promoting an overall Institute image and vision
- There will be space (within faculty space) which students can identify as their home space for a programme of study; and
- Each faculty will have dedicated faculty designated specific spaces such as; workshops, studios, staff accommodation, social spaces, study areas/rooms/smaller lecture rooms, some breakout spaces, common rooms etc.
- Unified coherent bilingual signage



Sustainability

The city campus will be a visible expression of best international sustainable practice

DIT aims to lead by example and the new campus will be based on sustainable design and operational principles, visibly showcasing sustainable technologies. This approach will also yield long term benefits in operational costs, underpinned by an ethos of long life, loose fit and low energy.



Design

In its design the campus will :

- Optimise the orientation and layout of buildings to utilise solar gain and natural illumination, while minimising adverse effects.
- Maximise natural light as the prime means of lighting of buildings.
- Maximise natural ventilation, minimise mechanical ventilation and air conditioning.
- Utilise passive thermal gain with high levels of insulation in all buildings.
- By the combination of approaches aim to exceed current building regulations by 30%
- Prioritise flexibility and adaptability of individual buildings
- Employ life cycle costing in design decisions
- Make use of materials and finishes characterised by long life and low maintenance.
- Provision for a reasonable building lifetime such as 60 years with 2 major re-fits.

Operation

In its operation the campus will

- Optimise/maximise the use of alternative energy systems
- Aim to have at least 30% of electricity from renewable sources
- Aim to have at least 30% of space and hot water heating from renewable energy sources
- Showcase a variety of energy generation options, even if not strictly viable.
- Minimise building energy demand by efficient space utilisation.
- Make visible and readily understandable a range of sustainable technologies and features across the campus.

Construction

During the construction of the campus the following principles will apply

- Reuse existing buildings and materials where feasible
- Minimise carbon impact of construction using lowest available embodied energy materials, e.g. local materials/products.
- Minimise construction waste.

Water

The campus design will

- Employs SUDS (Sustainable Urban Drainage Systems) in design and operation of the campus. Ultimately the campus should equal or improve existing impact in terms of run-off and waste water.
- Minimise water consumption
- Maximise reuse of run-off and waste water

Waste

In its operation the campus will

- Adopt a Waste Management Hierarchy based on a priority order of:
 - Avoid
 - Reduce,
 - Reuse,
 - Recycle,
 - Disposal.
- Adopt a high visibility, comprehensive campus-wide paper, bottle, can, and plastic recycling program as a fundamental site service, with sufficient provision at all major locations
- Allowance be made on the site for the (re)location of existing DCC recycling facilities to an equally convenient site, ideally integrated or co-located with other site waste facilities.

Urban Design and Planning Principles

The campus will be developed in a manner which seeks to create a sustainable environment integrating learning, working, living and leisure. The primary aim of the campus is to achieve maximum levels of interaction between students, staff, researchers, community and enterprise partners. The development of the Grangegorman campus provides an opportunity to develop a new model for a city campus. Within its structure will be located many of the elements found in the larger city, places to learn, to eat, to meet, to work, to take exercise etc. Therefore it is natural to consider the campus as both an extension and mirror of the external world. Connections into and through the campus will integrate with the wider geography of the city.

Street oriented buildings with streets, paths and squares will form the urban character of the campus. However due to the requirements of education and learning the academic areas will be quieter than the hustle of a commercial sector. The density will be at the city scale with compact building forms to accommodate the campus activities and to ensure a lively public realm.

DIT at Grangegorman provides an opportunity for 'city building', developing Grangegorman as an urban character area in the context of an education and health campus.

The urban campus will;

- Provide for high quality city building and urban design
- Incorporate landmark buildings of distinction, for example the library, the Centre for Visual, Performing and Media Arts or existing Protected Structures
- Develop a legible, attractive spatial and urban character combining the provision of new city space with high quality contemporary architecture and with the integration and re-use of significant and merited Protected Structures.
- Along main routes exploit key vistas and landscape features, Protected Structures and new landmark buildings;
- Develop an environment reflecting



- diverse architectural approaches while at the same time ensuring consistency with a coherent design vision for the site;
- Provide for a campus environment with a mix of uses, quality open space, innovation in the adaptation of existing buildings and integration of contemporary architecture of high standard while maintaining overall campus harmony, synergy and cohesion between buildings
 - Develop the campus at a scale and height which reflects its city context consistent with the requirements of an educational environment, while at the same time retaining the existing environmental amenities and character of the overall site.
 - Student and publicly accessed facilities should primarily be on ground floor, and ideally not exceed 4-6 stories.
 - Maximise the development potential of those areas of the site which lend themselves to higher density development, e.g. the area adjacent to Broadstone station.
 - Develop lively, attractive streets, squares and spaces which maximize orientation to the sun;
 - Create secure and safe streets, squares and spaces which are the subject of passive surveillance, extending to the surrounding busy thoroughfares.
 - Exploit the unique character of existing Protected Structures to create attractive new urban spaces e.g. the cluster of buildings to the west of the Clocktower.
 - Develop permeability through the campus, with strong physical links to the surrounding areas while articulating what are public, semi-public and private spaces;
 - Facilitate the physical integration of the Grangegorman, Broadstone, and King's Inn sites with each other and the City Centre through the development of a series pedestrian and cycle linkages and new transport infrastructure;
 - Create inviting, visually attractive new entrances to the campus



Landscape

Existing landscape features on the site represent an invaluable and unique resource with considerable amenity value that will enhance the character of the campus. The campus is a valuable green lung in the city. In the city development plan the site is zoned "Z12 Institutional Land (Future Development Potential)" where the intention is "To ensure the existing environmental amenities are protected in any future use of these lands." This has the requirement that "Where lands zoned Z12 are to be developed, a minimum of 20% of the site, incorporating landscape features and the essential open character of the site, will be required to be retained as accessible public open space." This is fully compatible with DIT's desire to create an attractive environment and to maintain a significant element of open space, including playing pitches. Particular consideration should be given to retaining many of the fine trees on site and to maintaining a range of habitats. Water treatment, run-off and amelioration may offer opportunities to develop attractive water features/habitats. It is intended to;

- Retain, where practical, existing landscape features of value which contribute to the unique character of the Grangegorman site;
- Maximise the potential of existing landscape features to extend and create quality open spaces;
- Create a unified, coherent high quality landscaping scheme for campus which will act as a unifying feature throughout
- Exploit key views from and into the site.
- Complement the modern urban nature of the development
- Ensure that this high quality public realm is developed in tandem with the buildings



Protected Structures on Campus

Protected buildings and structures extend across the campus and include such landmark buildings as the Clocktower Building and the Lower House, both designed by Francis Johnson. Significant and merited Protected Structures that contribute to the overall campus environment should be adapted for campus use and be sympathetically integrated into the new campus. This will require a flexible approach by all parties.



It is envisaged that those buildings of particular merit be developed as landmarks within the campus and become prestige buildings. Ideally their use should be for activities that involve a broad range of users, rather than limited to small specialised functions.

Links with Dublin City and the Local Community

While DIT meets unique national needs, the Institute has for over a century, contributed to the development of Dublin City. The Grangegorman campus will greatly advance the contribution that the Institute will make in the coming years. Indeed some of the facilities, such as sports, may be developed in partnership with Dublin City Council. It is critical that the campus responds to and integrates into its urban environment and reaches out to the city in:

- Creating an inviting and welcoming environment to maximise accessibility to the campus in particular for the surrounding community with whom there are long standing strong linkages;
- Delivering community specific programmes on and off campus and supporting community initiatives through Office of Community Affairs;
- Promoting social cohesion by reaching out into schools and communities to enhance participation and access from disadvantaged groups;
- Linking with and supporting local industries
- Aim to build on existing links with local schools and community development organisations.
- Supporting and participating with Dublin City Council, local area bodies and interested parties in initiatives to increase employment within the area;
- On campus sporting, recreational and cultural facilities and meeting venues which are accessible to the wider community.



Access and Transport

Access and transportation are very significant issues to be addressed during the masterplanning process, particularly given the location of the site, history and current access arrangements. Access and transport arrangements on campus should reflect the particular needs of particular user groups, emergency services and disability access and also requirements in areas such as deliveries and goods inwards, waste and recycling, energy as well as accommodate the needs of the science park, commercial concessions, crèche, sporting facilities and cultural venues. The following issues should be explored:

- DIT will aim to retain or improve its existing favourable modal split between public and private transport by Institute students and staff.
- A strong focus on pedestrianisation on campus, through the creation of a pedestrian network of routes, squares and spaces, and a corresponding management of vehicular traffic throughout the site, consistent with the creation of a safe



and secure campus environment.

- The master plan should ensure no through routes for private vehicles through the campus.
- Opening pedestrian routes onto Prussia St/Manor St., such as through the Prussia St Shopping Centre, should be considered. In addition all existing entrances to the site should be reviewed with their access potential being assessed.
- The principal entry point(s) to the campus should be strongly marked to indicate arrival on campus and project an open and welcoming image of the Institute, particularly at the main entrance. An immediate information/orientation point and clear continuation routes into the main communication and public spaces of the campus should be provided;
- In addition to the existing Grangegorman Road new vehicular and pedestrian entry points to the campus should be identified in particular with a view to opening access through the Broadstone site to Constitution Hill, North Circular Rd and potentially from. and Prussia St.
- Car parking consistent with DCC requirements to be provided at appropriate locations, taking into account the needs of persons with disabilities, the major public venues, visitors and the mix of uses.
- Positioning of buildings on campus and delineation of service routes must take account of the varying servicing requirements of faculties and other facilities, in terms of deliveries, sustainability, waste disposal and ongoing maintenance.
- Consideration should be given to establishing an entry point, pedestrian or other, through the site to the south of the Grangegorman campus directly in front of the Lower House and linking with Brunswick St. In addition such potential access should be in the context of linking the site and adjacent developments into the city such as Smithfield, etc.;
- Particular regard to public transport and to the speedy delivery of the LUAS line extension (line D) to Broadstone and onwards on the existing reservation to Liffey Junction.



- Integration with the bus network, including the nearby quality bus corridors and their direct linkage with the campus, including adequate space for bus access and layover
- Traffic calming measures on Grangegorman Road Lower will allow for the creation of a single campus uniting both sides of the overall site
- Consideration should be given to accommodating taxi rank(s) on campus, perhaps integrated with LUAS and bus



Access, Security & Logistics

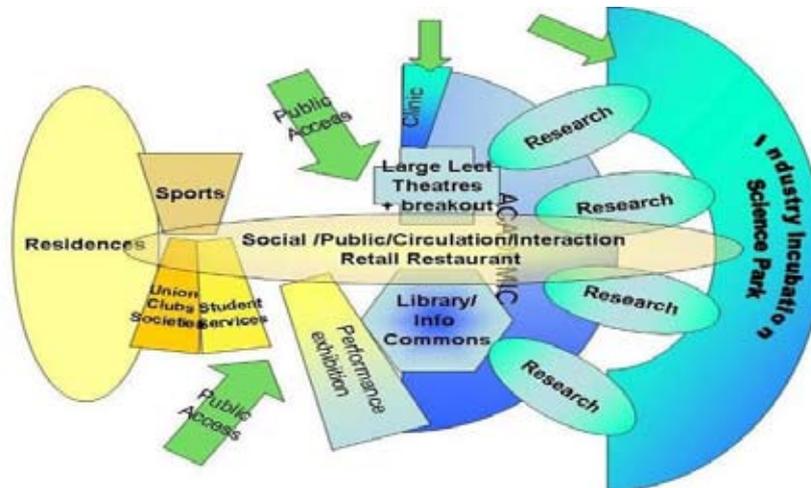
Safety and security are particularly important in a student environment. In addition to optimising safety and security on campus for all user groups there is a need to integrate security into surrounding access routes to the campus. Access and security technology will be blended with the Buildings Management System and Information's Systems infrastructure. The activities of DIT generate significant deliveries of supplies, equipment and goods, along with food and beverages, and the commensurate waste outwards. Provision needs to be made for the delivery and distribution of goods and the collection and processing of waste. The following issues should be explored:

- Define access needs at a campus and building level under a hierarchy of public, semi-public, and private spaces;
- Appropriately designed entrances, exits, landscapes and lighting which direct people in ways that discourage crime;
- Promote open, lively and active public spaces and routes which are overlooked, and avoid entrapment sites such as tunnels or underpasses;
- Promote lighting & colour as aids to security;
- Balance the use of technology with good design to promote security;
- 24/7 security in areas such as the Learning Resource Centre/Library and Student accommodation;
- Maximise use of technology and the promotion of a "cashless" campus
- Provision of central stores/goods inwards with good access and minimum handling.
- Direct delivery of heavy and perishable goods to point of use with adequate capacity to receive and store locally
- Dedicated facilities for the storage of chemicals, gases, liquid nitrogen and other hazardous materials, complying fully with legislation.
- A campus-wide access and distribution network providing sufficient capacity for all deliveries, maintenance and emergency access.



Campus Environment

Key principles for the campus are the maximum integration of related activities combined with flexibility and capacity for change within an ever-changing environment. Within this concept the focus will be on campus communication and interaction, how buildings relate to each other, how they relate to outside spaces, walking distances, convenience in accessing on-site facilities, etc. The various Institute faculties will create distinct microcosms and retain a strong identity but need to be linked to each other and to central facilities. The following points should be addressed;



- The overall development will aim to provide a quality environment, exploiting the potential of the site and the high quality of the buildings being provided.
- A comfortable environment – warm, well lit, well ventilated with pleasant noise levels.
- Ensure appropriate comfortable office accommodation for all staff.
- The campus environment will provide a mix of vibrant social spaces with areas of a calm 'academic' quality;
- Major academic buildings to be located within the core campus area, within a 5 minute walk of other academic buildings.
- Both the library/information commons/learning resource centre and the student life/recreation and support facilities will form keys hubs of activity on campus.
- A DCC branch library would be co-located with library facilities.
- It will include efficient buildings and facilities that will operate all year round from early morning to late at night and which will take into consideration Irish climate conditions;
- Buildings with significant public access, such as performance venues, should be conveniently located close to main entry points and public transportation.
- Means for safe, secure and comfortable pedestrian movement across the campus in all weathers at all times of the year.



- There will be space provided within each faculty which students can identify as their home space for their discipline/ programme of study;
- Shared common Institute space that complements faculty specific space including: central lecture and seminar bank, examination hall, executive learning centre
- Campus layout and building siting to reinforce academic and operational relationships. Functionally related disciplines to be located near each other and activities with similar physical requirements to be consolidated

- The provision of centralised academic facilities in centrally accessible locations
- Language facilities will be brought together in a dedicated language centre
- Science laboratories will be brought together to create a science cluster serving Science, Food & Tourism and Engineering Faculties
- Training restaurants of the School of Culinary Arts need to be highly accessible.
- Engineering facilities to be brought together in a single entity.
- Library provision to be provided within a central library resource.
- Provide for support administration on the basis of a set of institute wide support units on campus incorporating areas such as admissions, registrations, examinations, payroll, ICT centre etc. and combining currently dispersed provisions in these areas;
- Provide an executive suite to accommodate the Office of the President and non-faculty based Directors and their staff.



- Incorporate a central staff facility (common room etc) to promote cross-disciplinary interaction and discussion;
- Crèche facilities for children of student and staff will be provided within the Early Learning Centre, a specialised unit of the Department of Social Science, and located adjacent to their academic provision.
- The initial crèche should provide for 60 child places, and the masterplan should allow for a second 60 place crèche to be developed on a phased basis.
- Provide the flexibility of space necessary for the Institute to meet changing demands in the years ahead

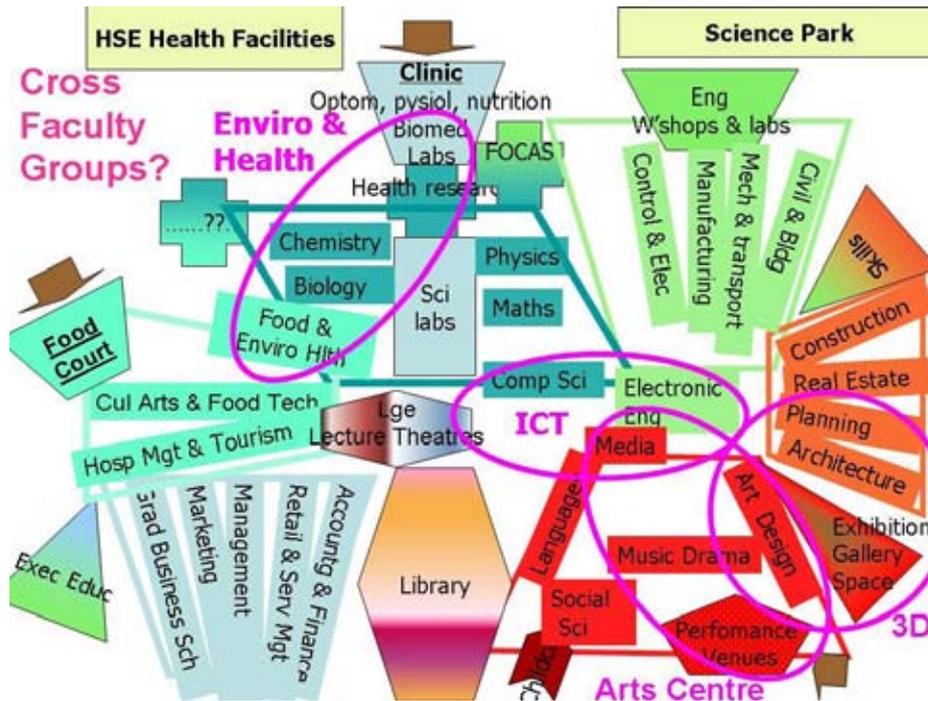
Academic adjacencies

As all Institute activities are being relocated to a single campus for the first time, every opportunity should be taken to maximise and encourage cross-Institute interaction. The new campus should convey and reflect a clear, common Institute mission & culture for the organisation. It will need to facilitate:

- the maintenance and expansion of traditional positive linkages between faculties and schools across the Institute;
- the creation of adjacencies and physical linkages between faculties and with central services/administration/functional units and in the process enhancing synergies and cohesion within the Institute; and

- the evolution of new organisational structures and relationships as the Institute continues to develop and adapt to changing environments in the future.

An example of possible adjacencies is illustrated in the following diagram. This is not meant as a physical layout, but rather a grouping of activities close to each other that have some shared interests or activities. For example Science and Tourism and Food laboratory based facilities would be close together with laboratories closely integrated; art, design, and architecture all have need for major display and exhibition space, and share a common interest in 3D design – they could be grouped around gallery and exhibition space, (perhaps aiming to become the city gallery specialising in 3D design); electronic and electrical engineering have strong links with physics, activities across the faculties in ICT could be grouped into a major media, computing and communications area. There are many possible permutations and combinations that can be envisaged, it is important that the layout exploits the best of this one-off opportunity.



Proposed Phasing of Campus Development

The Institute aims to relocate as much Institute activity into quality accommodation on campus as rapidly as possible. It is proposed that at least ~50% of students be relocated in the initial move. The academic calendar is an important factor in relocation. For this reason particular attention should be given to the months June, July & August for relocation purposes. All efforts should be made to avoid “double” relocation i.e. that activities move directly to their final, purpose built .

The detailed phasing model will seek to:

- minimise building phases,
- minimise low occupancy of buildings (new and old),
- seek to match development to student numbers
- achieve maximum value in disposals
- an initial relocation of >50% of students
- Services to be developed in tandem with academic provision

Provisional Space Assignments

The floor area has been broken down is derived from a norms based assignment of space per student type and discipline. This is for a projected student population in 12,500 full-time students (including 1,000 FTE apprentices). Outline breakdown at individual faculty level are also provided. The figures are presented in the context of a core of ~140,000m² gross which formed the basis for the Government decision and the associated funding agreement. Additionally funded elements (*in italics*) are additional facilities or expansions of the development that DIT sees as essential to the overall success of the campus which do not fall within direct exchequer funding.

Revised 29 Apr 2008

	gross core funded m ²	Gross addition al funded m ²	net m ²
Provisional space assignment			
Dedicated Faculty Space			
Applied Arts *			
Centre for Visual, Performing & Media Arts	13,400		9,000
Performance & exhibition space	3,500		2,500
<i>Additionally performance space funded</i>		3,500	
Craft training - Print	800		670
Social, Legal & Languages	2,800		2,000
<i>Early learning centre</i>		840	
Built Environment	8,400		6,000
Craft training	6,600		4,125
Business	8,400		6,000
Engineering	23,000		16,275
Craft training	8,750		8,670
Science	10,600		8,600
Tourism & Food	9,400		7,067
Sub-totals	840		600
DIT Research centres		9,800	
<i>Additional funded Research</i>			
Central Services			
Library/Learning Resource	13,800		11,500

Details Faculty space net		UG /workshop/practice net	lab	UG Classroom net	Open access IT-20% to central	Academic Office net	PG Labs	PG Office & meet
media labs, studios, rehearsal space	4,475			1815	378	2915	108	164
<i>external funded</i>								
20% net to gross								
language labs & early childhood education	1,000							
<i>seek grant aid</i>								
architecture & geomatics	2,128			1609	270	1947	22	37
20% net to gross								
specialist IT	549			2626	458	2129	0	122
labs and workshops	8,705			2082	1010	3564	443	219
20% net to gross								
Combined labs/clinics for Sci and T&F	4,983			1153	250	2074	747	456
Kitchens, stores and training settings	2,500			1103	265	1606	265	140
<i>4000 specialist labs</i>								
20% net to gross								
	24,340			10,388	2,631	14,235	1,585	1,138

Information commons	700	600	
Academic Supports, Life Long Learning, Train & Development Computing data centre & ICT staff	700	500	Academic hub
Cafeteria, incl. staff common	1,499	1,071	Data centre 500 m2
Sports Centre	7,700	5,500	Distributed
<i>Additional funded sports</i>	2,002	1,430	
Student Union & Recreation	4,760	3,400	grouped as student hub
Student Support & A.c Student Services One-stop-shop	1,680	1,200	
Executive Suite & Central Admin	1,610	1,150	
Buildings, Maintenance, goods in, waste	2,800	2,000	(may be distributed)
Central Learning Facilities (All use)			
Large flat teaching/exams	2,100	1,500	
Central large tiered & seminar bank	2,800	2,000	Near academic hub
Executive learning centre	1,400	1,000	
Sub-totals	140,041	104,358	
Additional Campus			
Industry Centre 5000 + 3x15,000		50,050	Enterprise, incubator, and specialist facilities
Student Residences 5 x 10,000		50,050	Max 400 bed groups, 25m2 gross/bed
Retail		4,000	
DCC Branch library		1,660	
Total Space	140,041	126,150	175,858
Provision for expansion on academic & student residential provision +30%	60,000		Expansion of elements close by original
Masterplan total gross	326,191		

Other facilities
 Playing pitches - 1xGAA, 1x rugby/soccer, 1x all terrain to allow maximum usage – all floodlit.
 Pocket provision for tennis & basketball.
 Running loop.
 Outdoor performance venue.
 Car parking as agreed with DCC.
 Mixed commercial & retail provision.

Notes
 Gross = net*1.4 (except library *1.2)
 Central learning = 1/3 of classroom total, rest distributed across faculties.

Additional Campus Facilities

These facilities are essential to the Institute and extend, complement and integrate campus learning and research facilities and when completed will create a harmonious and seamless campus. In addition, these additional facilities will provide opportunities for revenue generation and commercialisation on campus while also enhancing and augmenting public spaces and an overall urban design concept.

The following factors apply to their provisions

- (i) Augmented performance and exhibition space may be funded through a combination of philanthropy, state grant aid and strategic alliances with relevant cultural bodies.
- (ii) In the past grant aid has been available towards the capital costs of crèche provision.
- (iii) Research facilities to be developed over time as the DIT continues to develop and implement its research strategy and obtain funding from a variety of sources such as PRTL, SFI, and other strategic initiatives.
- (iv) The balance of the sporting/athletic centre provision will be part funded through a student contribution, of which a significant proportion of which is already available. It is envisaged that the sporting facilities will also be open to local communities to use and additional state capital support will be sought to encompass this expanded requirement. It is proposed that a public/student membership model would cover on-going recurrent operational costs. Given the strategic location efforts will continue to seek state funding for sporting facilities of a regional or national importance.
- (v) State grant support would be available towards the incubation element of the industry centre, i.e., a third-level institution's traditional industry centre housing incubator units, embryonic campus companies, etc. The balance would be provided on a phased basis on the basis of demand (initial provision of 15,000 m²) through commercial funding and would be available to lease.
- (vi) Student residences are expected to be provided through commercial funding and to accommodate 2,000 bed-places with single en-suite accommodation in a self-catering apartment type arrangement, with a gross average of 25m²/bed.
- (vii) The extent commercial provision is a variable and would be determined in the light of discussions with interested parties; the concessions would be provided on a self-funding basis, through rental or leasing. The facilities should be strategically located at appropriate points on the campus, with particular reference to public spaces.



Grangegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Appendices

GDA Draft Strategic **PLAN** 2010

Innovative Urban Quarter | Contemporary Healthcare Facilities | Modern Education Hub | Accessible Public Spaces



Appendix C



Grangeegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Communications Principles

Table of Contents

INTRODUCTION

CONSULTATIVE GROUP

CONSULTING WITH THE GRANGEGORMAN NEIGHBOURHOOD

CONSULTING WITH DIT AND HSE

PUBLIC REPRESENTATIVES OF THE CONSTITUENCY

OTHER STAKEHOLDERS

MEDIA COMMUNICATIONS

Introduction

The Grangegorman Development Agency (GDA) is a state sponsored body charged with delivering a large infrastructural development project in the heart of Dublin and will implement a comprehensive communications policy.

The Grangegorman project carries, in addition to standard communications needs, specific communication and consultation requirements as enshrined in the GDA Act of 2005.

Section 22 of the Act requires the establishment of a Consultative Group and the Act mandates structured consultation on an ongoing basis over the life of the project, with this group whose members represent the following stakeholders:

- Residents living in the Grangegorman neighbourhood
- Patients and providers of healthcare services within the Grangegorman neighbourhood
- Dublin City Council
- Dublin Institute of Technology
- Staff and the student body of the Dublin Institute of Technology
- Public representatives of the constituency
- The Health Service Executive
- Minister for Health and Children
- Minister for Environment, Heritage and Local Government
- Minister for Education and Science
- And any other body the GDA or the Minister for Education considers relevant.

Section 12 of the Act sets out a quasi-'local authority development plan' process for the preparation, display and adoption of the Strategic Plan and Section 9 requires, amongst other functions, the arranging of a communications strategy.

Consultative Group

The Consultative Group is a key formal mechanism for consultation. Containing all the stakeholders it offers an opportunity for dialogue, information exchange and feedback between the stakeholders and the GDA.

Framework consultation principles for this group are:

- Meetings should occur at appropriate stages reflecting the important phases of the project, rather than on a fixed calendar basis. This will facilitate the most effective contribution of this group to the process;
- Notice of key project events should be circulated to the group between meetings;
- Information and presentations provided to the group should be available on the GDA's website;
- Members of the group can assist the GDA in enabling engagement with their particular stakeholder;
- Individuals who can assist and inform the work of the group, e.g. An Garda Síochána and Dublin City Council, may be invited to attend meetings for a particular discussion.

The individual stakeholders represented on the group will, of course, require individual consultation opportunities which would support and amplify the work of the Consultative Group.

Framework consultation principles for the individual stakeholders, grouped into four broad categories, are set out below.

Consulting with the Grangegorman Neighbourhood

The Grangegorman neighbourhood includes multiple resident organisations, voluntary bodies and partnership organizations. To date, a total of 59 organisations have been registered under the process set out in Schedule 4 of the Act.

In overview, consultation should aim to provide a framework for disseminating information and for addressing the needs and concerns of people living within the bordering communities of the new Grangegorman development and can do so by establishing:

- a mechanism for local communities to identify community aspirations in relation to the development;
- a framework for local communities to contribute ideas that will enable best community value to be drawn from the development, and
- a means to keep people up-dated on all relevant aspects of the development.

Local Community Groups

There are a wide number of community and voluntary projects/groups in the north west inner city dealing with a wide range of issues including, childcare, youth, drug use, education, family support, capacity building, resource centres, intercultural issues etc. A local community networking infrastructure - **The North West Inner City Area Network** - has been operating in the area since 1997 and the majority of community & voluntary groups are affiliated to this network. In addition a **Community Forum** representative of all Local Authority Flat Complexes is well established in the area. **The Grangegorman Residents Alliance** has been established - made up of local residents' representatives in the immediate surrounding areas of the Grangegorman complex. A **Grangegorman Community Forum** was formed with the aim of ensuring a strategic and consultative approach to the development.

These local groups are active and are well positioned to participate in consultation events organized by the GDA.

The Strategy

The following principles shall be the strategy in relation to this strand of consultation:

- Community consultation will be meaningful, creative, and flexible;
- The GDA is committed to a serious engagement based on mutual trust and respect;
- Consultation should inform decisions;
- The process should be an extensive participative process - aiming to reach all local residents (or resident representatives) and relevant stakeholders;
- The process should aim to ensure that residents who are not affiliated to formal residents groups or local networks are also consulted, and
- The GDA will convene and organise meetings to facilitate participation.

In summary, every effort will be made to keep the local community and other key parties fully briefed about the project on an on-going basis.

Aspects of consultation

There are two very broad aspects to the consultation process namely **(1) Physical Planning** i.e. in terms of the Strategic Plan, and follow-on construction and **(2) Facilities/services** which will form part of the development and which will provide public services for the community, the city and the state.

The communications/consultative process shall embody the following components:

- **A 'key contact person'** in the Agency will liaise and network with the community;
- Preliminary scoping consultations will take place with all **stakeholders and local residents**;
- Consultation will also take place with **local businesses** (particularly small businesses who could avail of the planned DIT incubation centre);
- **intensive consultation** will take place with residents regarding the Strategic Plan:
 - to elicit community aspirations, and
 - to identify services/facilities that can be best designed to serve DIT and HSE (the main planned occupants of the development) and the community e.g. schools, parks, sports/leisure facilities, a general

library, the library facilities of DIT, and Primary Health Care facilities of HSE;

- **regular community meetings** will take place to up-date stakeholders of progress;
- an up to date **Community Consultation Page** will be maintained on the Agency website;
- regular '**newsletter mail-shots**' will be distributed to all households, organisations, agencies, businesses in the area;
- communication in relation to **planning applications for developments** will occur; and
- on-going communication will be maintained during the **construction phase**.

Consulting with DIT and HSE

The GDA is committed to close engagement with DIT and HSE in relation to their planned facilities for the site and views a close partnership approach as being vital.

DIT

The DIT has established a campus planning office which provides a central point of contact for the GDA and greatly facilitates close and productive engagement.

The staff and students of DIT participate in formal structures within DIT in relation to the project and the GDA will engage and support those structures. Also, the GDA will establish individual relationships with those groups so that their concerns and views, whether similar or different from those of the corporate DIT organisation, are input into the process.

HSE

As with DIT, the HSE's establishment of a project team greatly assists effective communication and the GDA will ensure that this team is fully facilitated through provision of documentation and meetings with the GDA's advisers.

Within the HSE, structures exist for staff consultation and also for consultation with the patients of St. Brendan's Hospital. As with DIT, the GDA will support those structures and also engage outside those structures with these stakeholders.

These strands of consultation will be comprehensive and substantial and will extend through the master planning phase into the implementation phases.

Public Representatives of the Constituency

A number of TD's and Councillors participate on the Board of the GDA or on the Consultative Group. Through membership of these groups these individuals are kept informed of project developments and can offer important inputs at key stages of the process.

The GDA is committed to ensuring that all public representatives, including those not members of the Board or the Consultative Group, are well informed and offered opportunities to represent the views of their constituency. To achieve this:

- notice of key project events should be circulated to all the public representatives, and
- the GDA should facilitate public representatives by providing comprehensive information on request and by convening or attending at meetings as required.

Other Stakeholders

The other stakeholders i.e. Dublin City Council, Minister for Health and Children, Minister for Environment, Heritage and Local Government, and Minister for Education and Science will generally be appropriately served by a more formal and more standard communications approach.

This will encompass appropriate formal correspondence as required, responding promptly and comprehensively to queries, and meeting with relevant parties in those organizations.

Media Communications

Besides the above stakeholder constituency there is the need to communicate with the media, both national and local, with specialist magazines and with general interested groups and businesses.

The GDA will continue to expand the information available as the project evolves and each major milestone in the project, (e.g. engagement of master planners, publication of strategic plan, submission of planning applications, appointment of contractors, commencement of work), will necessitate appropriate briefing information.

The GDA will aim to produce high quality briefing material and images and will manage and continually update the website on www.ggda.ie in order to provide a repository of comprehensive current background material on the project.



Grangegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Appendices

GDA Draft Strategic **PLAN** 2010

Innovative Urban Quarter | Contemporary Healthcare Facilities | Modern Education Hub | Accessible Public Spaces



Appendix D

Document Name	Year (Duration)	Principal Themes
National		
Sustainable Development a Strategy for Ireland	1997	DoEHLG framework for the promotion of sustainable development at a local level. http://www.environ.ie/en/Publications/Environment/Miscellaneous/FileDownload,1825,en.pdf
National Spatial Strategy	2002 (to 2020)	DoEHLG spatial strategy which seeks to bring about balanced regional development by consolidating Dublin and strengthening regional Gateways and Hubs throughout the Country. http://www.irishspatialstrategy.ie/
Residential Density Guidelines for Planning Authorities	1999	DoEHLG guidance document on appropriate locations for increase residential densities Note: This document is currently under review with a Draft published (see below). http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/
Sustainable Residential Development in Urban Areas: Consultation DRAFT Guidelines for Planning Authorities	Feb 2008	Review and update of 1999 Residential Density Guidelines for Planning Authorities. Note: this is a Draft consultation document and has not been adopted. http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/FileDownload,16691,en.pdf
Urban Design Manual: A Best Practice Guide	Feb 2008	A companion document to the Draft Planning Guidelines on Sustainable Residential Development in Urban Areas. http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/FileDownload,16692,en.pdf
Sustainable Urban Housing: Design Standards for New Apartments Guidelines for Planning Authorities	2007	DoEHLG guidelines to promote sustainable urban housing by providing design and layout standards for new apartment developments. Important minimum standards provided. http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/
Delivering Homes, Sustaining Communities	2007	Broad housing policy document outlining the Governments overarching vision to guide the development of the housing sector to 2017. http://www.environ.ie/en/Publications/DevelopmentandHousing/Housing/
Quality Housing for Sustainable Communities	2007	Best practice manual on urban design and housing layout (relates primarily to social housing and replaces DoE Social Housing Guidelines 1999). http://www.environ.ie/en/Publications/DevelopmentandHousing/Housing/
Childcare Facilities Guidelines for Planning Authorities	2001	DoEHLG guidance document on land-use planning aspects relating to the provision of appropriate childcare facilities. http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/
Architectural Heritage Protection Guidelines for Planning Authorities	2004	DoEHLG guidance document on Part IV Planning and Development Act 2000 (all aspects of

		protection of architectural heritage) http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/
Retail Planning Guidelines for Planning Authorities	2005	DoEHLG guidance document to guide appropriate quantum and location of future retail development. http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/
Implementation of SEA Directive (2001/42/EC): Assessment of the Effects of Certain Plans & Programmes on the Environment – Guidelines for Planning Authorities	2004	DoEHLG guidelines on the implementation of the SEA Directive in the preparation of planning scheme in respect of a Strategic Development Zone (SDZ). http://www.environ.ie/en/Publications/DevelopmentandHousing/Planning/FileDownload,1616,en.pdf
Regional		
Regional Planning Guidelines for the Greater Dublin Area (GDA)	2004 (to 2016)	Planning Framework for the GDA which seeks to consolidate development within the Metropolitan Area while growth is directed to specific towns throughout the Hinterland. http://www.rpg.ie/index.html
Dublin Transportation Office (DTO): A Platform for Change	2000 (to 2016)	DTO prepared document which provides an integrated transportation and land use strategy for the Greater Dublin Area. http://www.dto.ie/web2006/strategy.htm
Retail Planning Strategy for the Greater Dublin Area	2001	Provides a strategy on scope for new retail development and the appropriate distribution of floor space for the GDA. Note: Currently under review, Draft Strategy is imminent. http://www.rpg.ie/retail-strategy.html
Local		
Dublin City Development Plan	2005 (to 2011)	The statutory plan for the subject site which provides relevant land use planning policies and objectives for the subject lands and wider Dublin City Council administrative area. http://www.dublincity.ie/business_services/planning/development_plan_2011/
Maximising the City's Potential: A Strategy for Intensification & Height	2007	DCC building height strategy for the City. Grangegorman identified as a suitable location for a High Intensity Cluster. Strategy identifies six overarching themes which the Planning Authority consider central to the development of a density and height strategy which the Master Plan should have regard to (see pg. 17 of Strategy) Note: this is a Draft consultation document and has not been adopted by the Planning Authority. http://www.dublincity.ie/business_services/planning/maximising_the_citys_potential/
Phibsborough/Mountjoy DRAFT Local Area Plan	Mar 2008	A statutory plan for the lands adjacent (but not including) the Grangegorman site. The LAP provides specific local objectives for a number of Development Sites within the Plan boundary. The LAP refers to the Grangegorman Strategic Plan

		and considers the integration of the LAP with the Strategic Plan is critical. Note: this is a Draft document and has not been adopted by the Planning Authority. http://www.dublincity.ie/Planning/OtherDevelopmentPlans/LocalAreaPlans/Pages/PhibsboroMountjoyDraftLocalAreaPlan.aspx
--	--	--

Legislative Background:

Document Name	Year (Duration)	Principal Themes
Planning & Development Act Major amendments: <ul style="list-style-type: none"> - Planning and Development (Amendment) Act 2002 - Planning and Development (Strategic Infrastructure) Act 2006 	2000-06	Legislative basis of planning system in Ireland which sets out the detail of regional planning guidelines, development plans and local area plans as well as the basic framework of the development management and consent system. Prescribes Grangegorman Development Agency as a 'development agency' for the purposes of preparing a SDZ. http://www.environ.ie/en/DevelopmentandHousing/PlanningDevelopment/Planning/PlanningLegislation-Overview/PlanningActs/
Planning & Development Regulations Major amendments: <ul style="list-style-type: none"> - Planning & Development (Strategic Environmental Assessment) Regulations 2004 - Planning and Development Regulations 2006 	2001-06	The principal regulations underpinning the Planning and Development Act 2000-2006. The Regulations prescribe the detail of the various processes and procedures that make up the planning system. http://www.environ.ie/en/DevelopmentandHousing/PlanningDevelopment/Planning/PlanningLegislation-Overview/PlanningRegulations/
European Communities (Environmental Assessment of Certain Plans and Programmes) Regulations 2004		Regulations which, together with Planning & Development (Strategic Environmental Assessment) Regulations 2004, transpose the SEA Directive (2001/42/EC) into Irish Law. http://www.environ.ie/en/DevelopmentandHousing/PlanningDevelopment/Planning/Overview/EnvironmentalAssessment/



Grangegorman



Grangegorman
Development Agency
Gníomhaireacht Forbartha
Ghráinseach Ghormáin

Grangegorman Development Agency
St Brendan's Hospital
Grangegorman
Dublin 7
Tel: 01 860 6070
Web: www.ggda.ie