



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Grangegorman – St Brendan’s Hospital Concise Project Planning Brief



**HANDOUT**

*Project Title:* **Proposed Health Care Facilities**  
*Location:* **Grangegorman**  
*Local Health Office:* **North West Dublin (Area 6) PCCC**  
*Care Group:*

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## **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 Health and Social 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.

## **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.

Community Nursing Units coverings all aspects of geriatric care are envisaged. It is intended to provide a number of 50 bedded units for 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 50 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 Unit 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

## **Appendix 1 – Summary Schedule of Area**

**GRANGEGORMAN SITE**

**SUMMARY OF REQUIRED FLOOR AREAS**

	Sq m	Sq m	Expansion 20% Sq m
<b>MENTAL HEALTH CARE</b>			
INTENSIVE CARE REHABILITATION UNIT	3425		
CONTINUING CARE UNIT	2963		
REHABILITATION / RESPITE CARE UNIT	5180		1036
COMMUNITY GENERATED REHABILITATION	1409		282
HIGH SUPPORT HOSTEL	1867		373
SUB-ACUTE (STEP DOWN FACILITY)	3101		620
		<b>17,945</b>	<b>20,256</b>
<b>HEALTH &amp; SOCIAL CARE</b>			
HSCNC UNIT	11560		2312
ADMINISTRATION / SUPPORT AREAS	13726		2745
		<b>25,286</b>	<b>30,343</b>
<b>SERVICES FOR OLDER PERSONS</b>			
DEMENTIA UNIT	1672		334
COMMUNITY NURSING UNIT	5326		1065
RESPITE / INTERMEDIATE CARE UNIT	1439		288
HOUSING FACILITY	7236		1447
		<b>15,673</b>	<b>18,807</b>
<b>SERVICES FOR PEOPLE WITH DISABILITIES</b>			
RESIDENTIAL UNIT	2154		431
RESIDENTIAL UNIT	1006		201
		<b>3,160</b>	<b>3,792</b>
<b>SUB TOTAL AREA</b>		<b>62,064</b>	<b>73,198</b>