5.0 Clinical Services Plan

# Background

The intention of the design assurance review is to look at completeness of documentation and process. To ensure that project design teams support the design assurance process, it is important to clearly articulate what will be reviewed so that project design teams have a clear understanding of what is expected.

This document outlines those requirements for a **Clinical Services Plan.**

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# Purpose of providing a Clinical Services Plan

The purpose of providing a Clinical Services Plan (CSP) for Te Whatu Ora projects is to:

1. ensure that project teams have the clinical planning background information and objectives that underpin the design proposal.
2. provide the project team with assurances that the clinical services brief is well considered and developed ahead of the designed response; and
3. deliver the models of care that will need to be interwoven within the design response.

# Why do we ask to see this document?

The CSP typically outlines the demographic profile, proposed growth of the population and approved Models of Care that determine the predicted health services that are required for that community. The design report should include confirmation that the clinical service requirements have been considered and applied within the design proposal and that the project scope is clearly defined, this includes highlighting any challenges and discrepancies that may occur within the project.

# When do we expect to see this document?

The CSP should be provided at the initial design phases. It is only required once unless there is a revision to the document that has a corresponding project impact.  
The CSP is considered a key reference document.

ü Business Case review

ü Test of Fit

ü Concept Design

# What do we expect to see as part of design assurance review?

Transparency and process is important, so that key information is analysed, captured, and reported.

During the design assurance (DA) review we will be looking to see the following:

| Requirement | Description | Expectation | Insufficient |
| --- | --- | --- | --- |
| 1. That a CSP has been developed for the project. | A report that profiles the health service requirements of a community. It describes current as well as future predicted health services requirements (demographic data modelling) to determine the future facility profile and associated Model of Care for that locality. | ü CSP that describes current health service provision and references future health need requirements using demographic data modelling. Reference to associated Models of Care should also be provided. | X Examples of insufficient information include  1: a CSP has not been developed,  2: the CSP does not include future facility patient treatment spaces and / or Model of Care information. |
| 2. Project teams have checked the content of the CSP and have aligned the project scope and functional requirements. | Required future patient treatment spaces such as inpatient beds and ED Treatment Spaces as well as the Model of Care noted in the CSP should be aligned with the proposed project scope and reflected in the design response. | ü Functional Design Brief and design reports should contain evidence that the project scope is aligned with what is described within the CSP. | X Examples of insufficient information include not referencing the required content of the CSP as outlined above. |

# Questions or further assistance?

For any questions, please contact [facility.design@health.govt.nz](mailto:facility.design@health.govt.nz) and one of the Facility Design and Advisory team will be in touch.