3.0 Functional Design Brief

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 the project **Functional Design Brief**.

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Purpose of a Functional Design Brief

The purpose of a Functional Design Brief (FDB) is to provide:

a) the intended outcomes and health/equity objectives for the facility

b) the functional, operational, system and spatial requirements including the initial schedule of accommodation

c) a record of the assets that will be affected by the project

d) the furniture, fixtures and equipment requirements

e) the Information Communication Technology (ICT) and security requirements

f) detail on how the project will meet the requirements of governmental environmental initiatives

g) the requirements for compliance with the relevant NZ standards and legislation, statutory approvals such as the NZ Building Code etc

h) reference to the Australasian Health Facility Design Guidelines (AusHFG) and the NZ Design Guidance Note/s (DGN) inclusion.

Why do we ask to see this document?

The FDB should outline the specific design requirements for the project. The provision of such is expected for Te Whatu Ora health design projects.

This document is considered a foundation document for the project and acts as a reference to assist with the variations and required tracking that occur during the various design stages.

This document as part of the design assurance process, provides certainty regarding both standardisation and quality for all NZ health projects so that the project aligns with the AusHFG and the DGN.

The FDB is used as a reference to check that the designed facility at completion aligns to what is required and expected.

When do we expect to see this document?

The FDB should be completed at the conception of the project. It is considered an essential base document that should be provided at the first design assurance review and reissued to FDA if the document is updated.

We expect to refer to the document at each of the design assurance phases:

- Test of Fit
- Concept Design
- Preliminary Design
- Developed Design

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

The Facility Design and Advisory team (FDA) will refer to the document when clarity may be required regarding a brief, standardisation and / or project quality requirement. The peer reviewer should also have access to the FDB during their deep dive design review as they are checking that the project reflects the required briefed content.

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

Requirement	Description	Expectation	Insufficient
1.Client / User Group endorsement	Document endorsement is required by the project client lead. If user groups have been a part of the development of this document, individual names, roles, and signatures are required. This information demonstrates that a correct comprehensive briefing process has been followed.	✓ A reference endorsement table / cover page that includes names, roles, and signatures at the front of the document is recommended	X Examples of insufficient information include an email from one person speaking on behalf of the wider group.
2. Alignment with Te Whatu Ora FDB template	Using the FDB template provides certainty regarding the briefing requirements for all NZ publicly funded health projects.	✓ Contents page to include the information noted in the below template. Document content to address each item by providing required briefing information that is relevant for the design of the facility.	X Examples of insufficient information include not providing all required briefing content that is noted in the template.
3. Reference to the relevant AusHFG, Health Planning Unit (HPU), and DGN	Including this information provides certainty regarding both the required standardisation and quality for all NZ health projects.	✓ Reference to all relevant HPU and DGN	X Examples of insufficient information include not referencing AusHFG HPU and DGN.
4. Schedule of accommodation (SoA) that		✓ Reference to all relevant AusHFG HPU SoAs and area requirements	X Examples of insufficient information include not including the AusHFG baseline SoA information such

Requirement	Description	Expectation	Insufficient
originates from HPU and DGN (FDA format)		noted in DGN using FDA format.	as AusHFG rooms names, codes, required areas, and whether the space is considered a Standard Component; as well as including recommended allowances for circulation, travel, and engineering / plant.

Additional support

It is recommended that project design teams refer to following documents for reference. These documents are located on the FDA webpage

Templates and Technical Guidance Note

1: Functional Design Brief

The FDA have provided a document template that contains information that supports the design assurance review. Additional information to this required content may be added to the FDB as the design team sees fit.

2: Schedule of Accommodation

Development of the SoA for inclusion in the FDB should be generated from the Te Whatu Ora template and associated Technical Guidance Note. SoA examples are also included for reference and information.

Questions or further assistance?

For any questions, please contact **facility.design@health.govt.nz** and one of the Facility Design and Advisory team will be in touch.