10.0 Peer Review Report

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 **Peer Review Report**.

Contents

Purpose of a Peer Review Report

The purpose of a Peer Review Report for Te Whatu Ora projects is to:

a) critically assess the quality of design response to the key briefing material, such as the Functional Design Brief, Clinical Service Plan (CSP), Australasian Health Facility Guidelines (AusHFG), and the New Zealand Design Guidance Notes (DGN). The peer review is a key component of the design assurance (DA) process and is required at Concept Design;

b) provide access to independent, expert assessment advice and recommendations relating to the project's design and documentation; and

c) include assessment and commentary regarding:

   a) the level of completeness of the project's documentation.

   b) compliance with statutory building codes and standards.

   c) siting, orientation, and landscaping proposals.

   d) architectural design response including form and selection of building fabric and materials.

   e) departmental and room adjacencies, including circulation flows, access to natural light and views.

   f) response to cultural, accessibility, environmental, resilience and futureproofing requirements.

   g) alignment with Australasian Health Facility Guidelines (AusHFG)

   h) application of the New Zealand Design Guidance Notes (DGN)

   i) review of deviations and innovations from AusHFG standard components (SC)

   j) assessment of standardisation strategies.

   k) the review of the Schedule of Accommodation (SoA); and

   l) the assessment of the outline specification.

Why do we ask to see this document?

The peer review process and documentation will provide assurance that the project design package aligns with the expected design objectives and provides the appropriate level of responsiveness to the briefing documentation.

The Peer Review Report should provide insight and assessment across any deviations from the briefing documents and stimulate dialogue that results in acceptable solutions. The peer review process also provides a platform for the project design team to test any innovations and alternative solutions with independent industry peers.

When do we expect to see this document?

The Peer Review Report should be completed by the end of the Concept Design phase to meet the requirements of the DA review. Alternatively, a peer review can be requested at any design phase where the benefits and opportunities have been clearly identified.

A detailed peer review is typically aligned with the initial design phases, relying on an adequate level of detail in order to review and assess the conceptual thinking and project direction.

Therefore, the most suitable timing for a peer review is at Concept Design and the status (noted items incorporated into the project) is checked again at Preliminary Design and as required.

✓ Concept Design

✓ Preliminary Design

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

The peer review process should be transparent and robust with a systematic approach to the identification and documentation of:

- all documents reviewed (including revision information)

- design queries and interest items

- discussions and interactions between the project design team and the peer reviewer

- actions and solutions that the project team have implemented within the project

- any outstanding points of discrepancy between the AusHFG and the project as well as the opinion/s held by the project team and peer reviewer

- summary of findings history, recommendations, and project design team responses. This should also include how and when items have been closed out and which items remain unresolved; and

- 'impact on outcomes' statement that explains the significance of the noted peer review item.

The focus of the peer review will be across the following areas:

Design principles

Confirmation that a review of the design response to the project design principles has been undertaken. Commentary should be provided that reflects whether the design proposal reflects or deviates from these principles.

The design principles should be included in the design report and address the following:

- Universal Design

- Co-design

- Futureproofing

- Site master planning

- Resilience and post-disaster planning

- Safe and secure environments

- Dignity, autonomy, and choice

- Therapeutic environment

Clinical Services Plan and Functional Design Brief

Confirmation that the design proposal is aligned with the Clinical Services Plan (CSP) and Functional Design Brief (FDB). Where a deviation is proposed, an assessment of the acceptability of that deviation should be provided.

Kaupapa Māori considerations and concepts

Confirmation that the design proposal is aligned with Te Tiriti o Waitangi requirements and application within the project function, form, and building fabric. Assessment of the provision of culturally responsive spaces should be evident within the proposal.

Seismic and climatic considerations

Confirmation that the design proposal has been assessed against the required seismic and climatic design considerations.

Environmentally Sustainable Design principles

Confirmation that project commitment and response to the Environmentally Sustainable Design (ESD) principles as described in the DGN has been evaluated.

This includes:

- Planning

- Healing and Resilience

- Carbon Emissions

- Green Building Tools

- Recommended Targets

- Material Selection

- Performance Reporting

Architecture

Confirmation that the design proposal has been reviewed and commentary provided for the following architectural considerations:

- Context / Site / Environment / Access.

- Design challenges and complexities.

- Departmental and inter-department adjacencies.

- Appropriateness of room layout and associated adjacencies.

- Alignment with Functional Design Brief.

- Buildability challenges, staging and innovations.

- Circulation flows for patient, staff, support, visitor/whānau & tūpāpaku.

- Evidence of pandemic response strategy within the proposed design.

- Orientation and access to views, natural light, sun, and wind paths.

- Futureproofing for expansion and advancing technologies.

- Any other relevant observations.

Schedule of Accommodation (SoA)

Confirmation that the design proposal has been reviewed and in-detail commentary provided for:

- Suitability of SoA format, layout, and level of detail.

- Level of tracking and transparency or variations from AusHFG Health Planning Unit / project SoA.

- Deviations from nominated AusHFG HPU SoA.

- Assessment of designed % over and under briefed area requirements.

- Travel, façade, and engineering allowances.

- Alternative recommendations.

Standardisation

Confirmation that a standardisation approach with reference to the project Standard Rooms has been implemented. This includes a review:

- of the nominated project Standard Rooms.

- of the application and management of Standard Rooms across the project.

- as to whether the appropriate application and management of non-standard rooms across the project has occurred.

- as to whether tracking and transparency of project Room Data Sheet (RDS) deviations from AusHFG SC has occurred. Refer to the Supporting Documentation Section in this document for the link.

- as to whether there are any significant discrepancies between associated RDS and RLS for project standard rooms.

- as to whether any RDS or RLS content may impact health service delivery or patient experience; and

- of any findings and recommendations to encourage standardisation.

Supporting documentation

Project Design Report

The Project Design Report and appendices should contain the summary and process information needed to complete the majority of the peer review.

Clinical Services Plan and Functional Design Brief

It is not an expectation that these documents be reviewed in their entirety. They are made available for verification and validation purposes should a deeper dive be required to clarify the design response.

Australasian Health Facility Guidelines

Familiarity with all the AusHFG parts is critical for the peer reviewer and the peer review assessments. Particular reference and analysis against the nominated Health Planning Units (HPUs) and the suite of standard components is required. There will be two levels of assessment expected:

- Assessment of the comparable level of detail contained in the project deliverables; and

- Assessment and commentary concerning the project design response and deviations from the AusHFG parts, HPUs and SC.

AusHFG | (healthfacilityguidelines.com.au)

New Zealand Design Guidance Notes

The detailed project response to the specific design guidance to Aotearoa New Zealand items explained in the DGN should be contained largely within the Project Design Report and reflected within the designed response. As with the AusHFG, a detailed understanding of the DGN is required.

New Zealand Health Facility Design Guidance Note – Te Whatu Ora - Health New Zealand (cwp.govt.nz)

Peer Review Report format

The Peer Review Report should consist of an executive summary and summarise the key findings and recommendations. The report should include:

- The documentation reviewed.

- A detailed list of the items raised.

- A discussion summary for each.

- Actions to address each item as agreed.

- Nominations of high and medium risk items.

- Close out notes and recommendations.

- Minutes capturing meetings with the project team; and

- A summary.

It is recommended that Excel is used to structure the detailed review. This file should be appended to the PDF report.

Risk identification

The peer reviewer is responsible for ensuring that all items raised in the review are categorised into high or medium risk. This includes identifying and responding to queries and considerations as appropriate. It is also expected that the Peer Review Report should contain commentary regarding identified risk and the associated impact on outcomes.

Identified risks may be classified using the following definitions:

- **High risk** - fails to satisfy the brief, significant compromise to safety and service delivery, design revision essential before commencing the next design phase

- **Medium risk** - partially meets the brief, some compromise to safety and service delivery, some design revision required at the onset next design phase.

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.