Design Guidance and Assurance Framework - Frequently asked questions

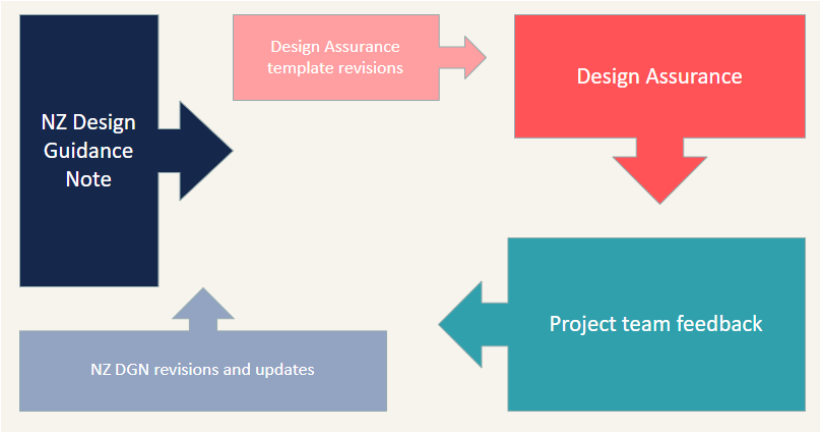
1 Framework

1. **Q: Who approved the framework?**

   A: Te Whatu Ora Executive Leadership Team approved the Design Guidance and Assurance Framework in March 2023.

2. **Q: What is design guidance and how does it relate to design assurance?**

   A: Design guidance sets out what Te Whatu Ora expects from designers, it is made up of Australasian and New Zealand specific guidance. Design assurance complements this requirement and focusses on the processes that project team are following to implement the guidance.



3. **Q: Is compliance with the Framework mandatory?**

   A: Project teams are expected to align their proposed design response with the guidance and, if required, participate in the design assurance process. This requirement has been approved by the Te Whatu Ora Executive Leadership Team as a way of improving quality and standardisation for New Zealand public health projects. Where projects need to deviate from the guidance, a process is in place to have

alternative approaches considered; this might be because new technology is available, or site constraints prevent strict compliance.

4. **Q: When will "in-flight" projects need to implement design guidance and assurance within their projects?**

   A: From July 17th, 2023, project design teams are expected to incorporate design guidance and assurance reviews (where required) for their projects if they have reached concept design or earlier. While this is not mandatory for projects that have progressed beyond the concept design stage, it is recommended.

5. **Q: Is there a continuous improvement pathway?**

   A: The guidance and assurance processes are designed to be continuously improved, with lessons learned and post-occupancy evaluation information feeding into guidance reviews and updates. Post occupancy reviews will not only seek input from clinicians and facility managers, but will also include input from patients and their whanau to amplify lived experience in developing and reviewing facility design guidance.

6. **Q: Is there any supporting material to help me understand what I need to do?**

   A: The Facility Design and Advisory team (FDA) are available to support project teams.
   Please refer to the FDA webpage to access relevant information which includes further design guidance and assurance information as well as templates for use by project teams.

2 Design guidance

1. **Q: Where can I find the design guidance?**

   A: Design guidance may be accessed using the following links:

   - Australasian Health Facility Design Guidelines (AusHFG)
     AusHFG | (healthfacilityguidelines.com.au)
   - NZ Design Guidance Note (DGN)
     New Zealand Health Facility Design Guidance Note – Te Whatu Ora - Health New Zealand

2. **What is the difference between AusHFG and the NZ DGN?**

   A: NZ participates in **AHIA**, who develop the Australasian Health Facility Guidelines (**AusHFG**) with input from user groups and clinicians. The NZ DGN contains relevant NZ specific guidance where necessary (for example, to take into account our cultural,

social, climatic, and seismic requirements). This information is eventually captured in the AusHFG when each document is revised and updated.

3. **Q: The AusHFG is Australian and doesn't apply to NZ, or does it?**

   A: The AusHFG is Australasian; NZ is one of the jurisdictions that contributes to and benefits from the AusHFG. We develop New Zealand specific design guidance, where it is noted that the Australasian Guidance doesn't cover NZ specific concerns/issues.

4. **Q: Is NZ part of reviewing and developing the AusHFG?**

   A: Clinicians and service users representing NZ participate in the expert advisory groups to review / develop design guidance. Draft guidance is also reviewed by interested NZ stakeholders before it is published.

5. **Q: Where do I reference design guidance for the project?**

   A: Reference to the AusHFG (relevant parts and Health Planning Unit) and NZ DGN should be included in the Functional Design Brief (refer to template), design reports, and schedule of accommodation (SoA) (refer to template). The design guidance document revision date should also be included.

6. **Q: What happens if a design guidance document is updated during the development of the project design?**

   A: Project teams are expected to provide the Project Governance Group with a Project Impact Statement for consideration that clearly states the costs and time implications resulting from the defined design changes.

7. **Q: For projects that require solutions that aren't addressed in the guidance, or where an innovative solution is available, what is the process that project teams should follow to ensure that they have met their obligations?**

   A: Project design teams may provide cost benefit analysis to the Project Governance Group and the Te Whatu Ora Design Authority for consideration. It is anticipated that the Design Authority will be established in the near future.

8. **Q: I have some suggestions on improvements to the guidance, what do I do?**

   A: Get in touch with the FDA via **facility.design@health.govt.nz**

3 Design assurance

1. **Q: How will I know if my project needs a design assurance (DA) review?**

   A: All infrastructure projects that qualify using the criteria noted in the initiation matrix will need a design assurance review. (Refer Appendix 1 – Framework document)

2. **Q: What is the DA initiation matrix and how is it used?**

   A: The matrix is a tool that defines the type of DA that may be required for the project. Each project is assessed by answering the five questions noted in the table and assigning a cumulative score.

3. **Q: What projects are excluded from a DA review?**

   A: The following projects do not require a DA review. If you are unsure, please refer to the initiation matrix.

   - External works including landscaping and carparking projects.
   - Multi-level carparking building.
   - Independent and integrated engineering plant projects.
   - Refurbishment projects that are solely limited to refinishing and replacement of like-for-like.

4. **Q: What is the difference between a full and desktop DA review?**

   A: DA processes are tailored to suit the size and complexity of the project with resources targeted to projects with the highest value and complexity.

   Full DA review
   A full DA review follows the project through four design phases and will require an external Peer Review Report to be completed at Concept Design.

   Desktop DA review
   A desktop DA review is a relatively quick check to identify any high-level concerns for business case, masterplan, and less complex, straightforward projects. This is a single review that occurs at Concept Design.

5. **Q: What input is required of the design team for a full DA review?**

   A: Project design teams are expected to complete the following steps:

   - Complete the DA template and provide the required project stage documentation package; and
   - engage with the FDA at the DA review feedback meeting and follow up outstanding noted items.

6. **Q: What input is required of the project team for a desktop DA review?**

   A: Project teams are expected to provide the required project stage documentation package.

   NB: Project teams are not expected to fill out a template. Follow-up meetings are optional.

7. **Q: How strictly do I need to adhere to the AusHFG departmental Schedule of Accommodation Health Planning Units?**

   A: Design teams are expected to start with the relevant AusHFG Health Planning Units SoA's and track all deviations in their project at a room-to-room level (additional, deleted, merged, split, and shared rooms). Deviations are expected on projects, however full transparency and tracking of all changes from the AusHFG is required.

8. **Q: What level of project tracking is required**

   A: Design teams are encouraged to use the 'when-what-who" annotation system across project changes in both the SoA and Room Data Sheets (RDS). This includes all deviations from the AusHFG SoA and Standard Components and all movement across the project throughout the phases. Please refer to the FDA webpage for the RDS Summary Statement and exemplar as well as the SoA example template for more information.

9. **Q: When are Room Data Sheets required for the project?**

   A: Standard Room Data Sheets (RDS) are required at Concept Design. This allows for standardisation to occur for the project, where a 'one-to-many' solution for duplicate rooms in a project may be employed. This includes a combination of AusHFG Standard Components and any repeated project rooms not otherwise covered by the AusHFG set. For more information on Standard Rooms please refer to the FDA webpage for the Standard Room Summary Statement.

Questions or further assistance?

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