

**Health Facility Strategic Brief**

**Template Guidance**

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Document Control and Endorsement

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Document Revision

All revisions to the Health Facility Strategic Brief during development are recorded in this section.

All updated documents must be reissued.

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Document Approval

The content of this document (indicate document title and version) has been endorsed by the following key stakeholders.

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Endorsement Caveats

The final version of this document has been reviewed and endorsed with the following caveats:

Example text

1. Proposed separate Paediatric ICU (subject to a separate Business Case which is in progress).
2. Workforce planning is indicative only and a staff model will be prepared as part of the project.

Glossary

|  |  |
| --- | --- |
| **Term / Acronym** | **Definition** |
| AHIA | Australasian Health Infrastructure Alliance |
| AusHFG | Australasian Health Facility Guidelines |
| CCTV | Closed Circuit Television |
| CSP | Clinical Service Plan (now referred to as Future Facility Profile) |
| DGN | New Zealand Design Guidance Note |
| FDB | Functional Design Brief |
| FFE | Furniture, Fittings and Equipment - includes Fixtures and Fittings |
| FFP | Future Facility Profile (formerly Clinical Service Plan) |
| HNZ | Health New Zealand – Te Whatu Ora |
| HPU | Health Planning Unit  <https://healthfacilityguidelines.com.au/health-planning-units> |
| HSS | Health New Zealand Hospital & Specialist Services |
| ICT | Information and Communications Technology |
| IIG | Infrastructure and Investment Group |
| MoC | Model of Care |
| NFDAA | National Facility Design, Advisory and Assurance Team |
| NS | Non-Standard Room |
| NZ | New Zealand |
| NZDGN | New Zealand Health Facility Design Guidance Note |
| POC | Point of Care |
| PUG | Project User Groups |
| SC | AusHFG Standard Component Room |
| SC-D | AusHFG Derived Standard Component Room |
| SoA | Schedule of Accommodation |
| Te Aka Whai Ora | Māori Health Authority |
| Health New Zealand | Te Whatu Ora |

**Navigating this document**

This **Health Facility Strategic Brief Template Guide** is the second of a suite of four guidance artefacts. The purpose of each of the artefact documents are outlined below:

**Artefact 1: Strategic and Functional Design Brief Guide** provides general context, guidance, and background to the strategic and functional design briefing process and document development.

**Artefact 2: Health Facility Strategic Brief Template Guide** identifies the required components that should be in every Health Facility Strategic Brief prepared for Health New Zealand as a minimum.It provides an overview of the project, service planning context, cultural narrative, project design principles and the health facility functional capacity requirement for points of care.

**Artefact 3: Health Facility Wide Practice and Approaches Template Guide**

The Health Facility Practice and Approacheswill identify operational approaches and associated design requirements that are consistent across the health facility. Inputs only include those that differ from approaches described in the *New Zealand Health Facility Design Guidance* or *Australasian Health Facility Guidelines* (AHFG) and New Zealand Health Facility Design Guidance Note (NZDGN).

**Artefact 4: Health Planning Unit Functional Design Brief Template** identifies the required components that should be in every Health Planning Unit (HPU) Functional Design Brief report prepared for Health New Zealand as a minimum. Individual HPU Functional Design Briefs are required for each HPU identified within the scope of the project.

Written content provided in **black text** is to be retained and provides lead in narrative relevant to the section.

Written content in blue text in a blue box provides guidance or text examples for the required output as a guide to the author. Once the document is completed, blue boxes and content guidance should be deleted.

# Introduction

## Purpose of the Health Facility Strategic Brief

This Health Facility Strategic Brief is preceded by other planning activities that identify the changing health and social needs of communities within a health service, and different ways of working and providing care.

The Health Facility Strategic Brief builds on this prior planning and begins to anchor aspirations, rigorous demand forecasting outputs, and the impacts of changing models of care to inform the foundations of the built form and its environments.

The Health Facility Strategic Brief is a companion document to the Functional Design Briefs (FDB) for each individual Health Planning Unit, Schedule of Accommodation, and Facility Wide Practice and Approaches.

These documents combined inform planning and assist the design team to develop test to fit options, building and internal concept planning, and subsequent phases of design progression and detail.

## Vision for the Project

Provide a brief overview of the overall project drawing from the business case as needed.

## Project Definition and Scope

Summarise the scope of the project, its key inclusions (including point of care requirement) and exclusions. Exclusions would be limited to those that may be reasonably presumed such as paediatric surgery or specialised mental health services.

Identify the project objectives in relation to improvements to facility-based health services, equitable access, whole of system directions and initiatives, practice changes and workflow efficiencies.

Service Planning Inputs (or Future Facility Profile (however titled) - Points of Care. Hyperlink to CSP or other planning reference documents if further detail is needed.

Identify staging parameters within the delivery programme and future proofing needs if applicable.

## Outcomes of the Project

## Policy Planning Framework

The Hospital or Health Service will operate in accordance with the following standards and guidelines, national policies, plans, and priorities impacting the service including:

1. Health and Disability Services (Safety) Act 2001
2. Ngā Paerewa Health and Disability Services Standard NZS 8134:2021.
3. Pae Ora (Health Futures) Act 2022

* The New Zealand Health Strategy
* Pae Tū: Hauora Māori Strategy
* Te Mana Ola: The Pacific Health Strategy
* The Women's Health Strategy
* The Health of Disabled People Strategy
* The Rural Health Strategy

1. Te Pae Tata Interim New Zealand Health Plan
2. Te Mauri o Rongo | The New Zealand Health Charter

List other standards and guidelines, national policies, and plans relevant to the Hospital/Health Service.

# Cultural Narrative

Provide a summary of the local cultural narrative key objectives relating to the new health facility, referencing document inputs.

Note: The cultural narrative document development will be a separate process to Health Facility Strategic briefing and will ideally have been completed ahead of the Strategic Briefing process. The cultural narrative will be developed in partnership with mana whenua.

# Service Planning Inputs

## Health Facility Overview

Provide a summary overview of the Hospital or Health Service referencing information provided in the Network Plan and Future Facility Profile documents including:

* Geographical catchment area of the Hospital or Health Service
* Identify local Iwi groups noting what consultation and engagement has been and is planned to be undertaken with these groups relating to the project.
* Key population facts – expected growth/decline – ethnicity/age/deprivation.
* Key scope of services including level of service/role delineation and what (if any) regional services are provided.

## Points of Care

The future facility profile and number of beds, bed equivalents, and treatment spaces (aka points of care) has been informed through network planning and forecasted demand modelling by the Hospital and Specialist Services. The planning horizon has been set at 15 years. Demand modelling is not an exact science hence it is not uncommon to see a tolerable gap between demand and the number of beds proposed to be built.

To realise the cost efficiencies of modular construction methods and template design approaches, a common structural grid throughout the buildings is a key factor. Standardised inpatient unit sizes and typology, and building level floorplates steers any need for bespoke unit sizes with the exception of highly specialised clinical areas like the Intensive Care Unit.

Include any other relevant information relating to establishment of POC requirement. Complete below table fields relevant to the project. Delete or include rows as applicable to the project. Note inclusion of shell space as a separate line item.

Table 1, Functional capacity requirements, summarises the planning inputs for beds and other points of care for this Facility.

Table 1: Functional capacity requirements – 203X

| **Health Planning Unit** | **Existing POC** | **POC Year XXXX** | **POC Year XXXX** |
| --- | --- | --- | --- |
| **Same day bed equivalent** |  |  |  |
| Emergency Unit (incl short stay) |  |  |  |
| Medical Assessment Unit |  |  |  |
| Surgical Assessment Unit |  |  |  |
| Paediatric Assessment and Day Unit |  |  |  |
| Birthing Rooms |  |  |  |
| Maternity Acute Assessment Unit |  |  |  |
| Day Surgery Unit |  |  |  |
| Transit Lounge |  |  |  |
| **Overnight beds** |  |  |  |
| Intensive Care |  |  |  |
| High Dependency |  |  |  |
| Medical Inpatient Unit |  |  |  |
| Surgical Inpatient Unit |  |  |  |
| Rehabilitation |  |  |  |
| Paediatric and Adolescent Unit |  |  |  |
| Mental Health Inpatient Unit |  |  |  |
| Older Persons Mental Health |  |  |  |
| Maternity Inpatient Unit |  |  |  |
| Neonatal Care Unit |  |  |  |
| **Procedural** |  |  |  |
| Operating Theatre Rooms |  |  |  |
| Endoscopy Procedure Rooms |  |  |  |
| Cardiac Catheter Labs |  |  |  |
| Cardiac Catheter Lab / Hybrid |  |  |  |
| **Ambulatory** |  |  |  |
| Consult Room |  |  |  |
| Chemotherapy / Medical Infusion Chairs |  |  |  |
| Renal Dialysis Chairs |  |  |  |
| Medial Physiology Labs |  |  |  |
| **Imaging** |  |  |  |
| General X-Ray |  |  |  |
| OPG |  |  |  |
| Ultrasound |  |  |  |
| Mammography |  |  |  |
| Fluoroscopy |  |  |  |
| Angiography |  |  |  |
| CT |  |  |  |
| MRI |  |  |  |
| SPECT-CT Imaging Room |  |  |  |
| Bone Densitometry |  |  |  |
| PET-CT Imaging Room |  |  |  |
| **Radiation Oncology** |  |  |  |
| Linear Accelerator Treatment Room |  |  |  |
| Brachytherapy Procedure Room |  |  |  |
| Superficial X ray Machine |  |  |  |
| CT |  |  |  |
| Simulation |  |  |  |

Please refer to Appendix A for an Area Schedule Summary

## Workforce Profile

Our workforce is an essential enabler of a strong health system and crucial for the equitable and successful delivery of essential services across the care continuum.

Workforce planning is an ongoing process ensuring the right people with the right skillset are delivering services in the right place and time and at the right cost. The position statements of the relevant industrial bodies and accreditation requirements of the professional colleges has been considered by the health facility leadership and governance team.

Include any further descriptions on the process undertaken to determine the future workforce profile and FTE. Complete the below table including relevant workforce roles for the project. Roles included are example only.

Note: It is anticipated that this section will be completed following HPU FDB completion whereby HPU workforce information can be collated to inform the below table.

If the project is for one HPU only this section is not required. A table is provided in the HPU FDB to capture this requirement.

Table 2: Future Workforce Requirement – Indicative daily peak headcount

| **Role** | **Year XXXX** | **Year XXXX** | **Year XXXX** |
| --- | --- | --- | --- |
| Registered Nurse |  |  |  |
| Enrolled Nurse |  |  |  |
| Nurse Practitioner |  |  |  |
| Kaiawhina |  |  |  |
| House Surgeon |  |  |  |
| Resident Medical Officer |  |  |  |
| Consultant Medical Officer |  |  |  |
| Medical Social Worker |  |  |  |
| Physiotherapist |  |  |  |
| Occupational Therapist |  |  |  |
| Administrative |  |  |  |
| Operational Support |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

# Design Principles

The *NZ Health Facility Design Guidance Note* identifies the following overarching design principles that should be addressed in all NZ health facility projects.

The intent of Design Principles is to guide the development of the project design ensuring key aspects are considered and met in design.

Add comment to confirm the project is applying the NZDGN design principles. Please refer to the NZDGN for full description <https://www.tewhatuora.govt.nz/publications/health-facility-design-guidance-note/>,

These Design Principles are a starting point for the project to consider. Describe any additions or departures from these design principles and the process the project will undertake to ensure these principles will be incorporated in the design.

Kaupapa Māori

Meaningful engagement with Māori is vital to improving health equity for Māori and ensuring that Treaty obligations are addressed.

Environmental Sustainability

Sustainable healthcare infrastructure promotes better health outcomes, lowers emissions, reduces operating costs, promotes efficient use of resources, and assists with meeting responsibilities under the Carbon Neutral Government Programme (CNGP).

Universal Design

Effective Universal Design practices ensure that all people can access, use, and understand the environment to the greatest extent possible without the need for adaptations or specialised solutions.

Co-design

Effective co-design practices ensure that specific stakeholder needs are appropriately reflected in the design outcome and that effective facility operation and service delivery are supported.

Futureproofing

Successful futureproofing ensures durability over time while providing initial flexibility of designed spaces, and adaptability.

Masterplanning

Effective site/campus masterplanning ensures that current and future health infrastructure supports current and future clinical service and asset management requirements and broader community objectives. Facility design should be aligned and integrated with the site/campus masterplan.

Resilience and post-disaster planning

Effective disaster and emergency response planning ensures that healthcare facilities are designed to remain operational during and after natural disasters and pandemics.

Safe and secure environments

Effective design of safe and secure environments supports the safety of all building occupants (including building maintenance access).

Dignity, autonomy, and choice

Effective facility design provides a person with more choices for satisfying personal preferences and requirements.

Therapeutic environment

Effective facility design can contribute to good health outcomes.

Note: Should the project involve a single HPU only, the remainder of this template can be deleted.

# Trends and Innovation

In the rapidly evolving landscape of healthcare, an understanding of contemporary and anticipated health trends and innovation is pivotal in shaping the future of patient care and efficient workflows.

As the healthcare industry undergoes unprecedented transformations driven by health equity reform, digitalisation, artificial intelligence, and data analytics, health facilities must strategically adopt and leverage these advancements to enhance clinical outcomes, streamline operations, and improve overall patient experiences.

This section seeks to provide an overview of the dynamic developments within healthcare models of care, workforce strategies, and technological advancements that are anticipated to impact the design of our future health facility.

Under the following headings, summarise anticipated trends and innovations that are anticipated to impact design of the new health facility. Where trends and innovation are expected to affect one HPU only, this should be documented in the HPU specific FDB.

## Models of Care

Describe models of care that are anticipated where there will be an impact to health facility design. i.e. Inclusion of rehabilitation within all Med/Surg IPU’s. This will inform HPU space requirement to support model of care delivery.

## Workforce

Describe anticipated workforce strategies that will be adopted. This could be sharing of workforce between departments i.e. Maternity IPU and Delivery Suite. This will assist to inform required HPU adjacencies.

## Technology

Describe anticipated technology such as inclusion of augmented guided vehicles (AGV) to support logistic transport across the facility, or facility wide adoption of telemedicine technology in all consultation rooms. This will inform space and building service requirements.

# Seven Flows of Healthcare

This section outlines operational flows at a hospital level, and which are anticipated to directly impact facility design.

Existing operational flows are indicative at a point in time and should be reviewed and updated as required during the Project and beyond. Operational flows which may not currently be in practice, however, are planned for the new facility will be based on recent trends in practice and innovative ways of working that have been informed by evidence. Change management should be initiated to support the modification of existing and adoption of new practices and flows.

Outline the future facility flows for each of the below heading. Process mapping should be undertaken in collaboration with stakeholders to inform required facility flows. Provide graphic illustration demonstrating key touchpoints for flows. This will assist to inform design and space allocation requirements.

## Patient

### Planned Care

### Unplanned Care

## Visiting Whānau

*The health facility should create a sense safety and ease to support visiting whānau. Whānau should have easy access to staff, information, and amenities.*

*Outline the intended flow and touchpoints to support visiting whānau such as comfortable seating and sleeping areas, communication pathway to clinical staff and physicians, intelligent wayfinding, affordable and healthy food options.*

## Staff

*Staff should have easy access to their patients and the equipment and supplies they need to effectively care for their patients. They should feel supported and efficiently communicate with the interdisciplinary team.*

*Outline intended staff flows incorporating streamlined communication pathways, intuitive line of sight, access to equipment/supplies and medications, and respite environments and end of trip facilities that promote staff well-being.*

## Information

*Information should be easily accessible for patients and staff of all ages, languages, and disabilities.*

*Outline the utilisation of technology for information sharing such as use of kiosks, apps, tablets, etc.*

## Medication

*Medications have the potential to harm patients when standard processes are not followed. Medications should be easily accessible, documented, and patients should be educated about what medications they are taking.*

*Outline the intended Pharmacy, Blood Bank and Pathology flows including location of medication rooms, supplies and documentation, utilisation of technology to increase safety, onsite retail pharmacy or streamlined process for order entry and pick up.*

### Pharmacy

### Blood Bank

### Pathology

## Equipment

*Equipment should be easily accessible, properly functioning and intuitively located within the health facility.*

*Outline intended equipment flows including locating systems for equipment, centralised equipment location, charging needs, and preventative maintenance approach.*

## Logistics

### Food

### Waste

### Linen

### Supplies

# Functional Relationships

## External relationships

External functional relationships are defined by both the required proximity and nature of the travel pathways between departments or service areas to support safe and efficient clinical, logistic, and public movement within the facility.

Functional relationships are classified as types of access between departments using the following descriptors:

|  |  |
| --- | --- |
| **Classification** | **Definition** |
| Immediate | Meaning adjacent or opposite; the shortest unrestricted route possible |
| Direct | A direct, unrestricted horizontal (same floor) or vertical (via lift, pneumatic tube, or stairs) route; one corridor, minimal turns |
| Ready | Close proximity; either horizontal or vertical |
| Routine | Means accessible via internal and external routes including general public access. |

## Adjacency Matrix

Include a matrix using the supplied template to summarise the health facility level external functional relationships required applying the above classifications.

Table : Facility Functional Relationship Matrix



# Change is Inevitable

During the planning of new health facilities, one fundamental truth emerges – change is an inevitable companion.

As architects, planners, healthcare professionals, and stakeholders embark on the journey of envisioning and constructing spaces dedicated to well-being, they are confronted with a dynamic landscape where evolving needs, advancements in technology, and shifting paradigms continually redefine the benchmarks of effective healthcare infrastructure.

Within this context, the planning phase becomes not just a design for physical spaces but a canvas for the anticipation and adaptation to change. This section documents opportunities for change management that have been identified during the planning of our new health facility.

Provide a summary of identified change opportunities that have been noted during the process of stakeholder engagement and brief documentation. This may be presented in a table format.

## Project specific change opportunities

Appendix A – Area Schedule Summary

The AusHFG and NZ Design Guidelines sets minimum spatial requirements that enable the intended and optimal functional performance of the room/area to be achieved.

The Schedule of Accommodation (SOA) organises rooms by each Functional Planning Unit, further grouping rooms according to a functional planning zone within each unit. The SOA will also identify whether a room is generic/standard, a variation of a generic room, or unique/non-standard.

The HPU FDB details variations and specific inclusions and describes the function and requirements of unique rooms.

For relevance to this project, add or delete HPUs as needed.

A summary of the net floor area (sum of all individual room areas) (NFA) / net departmental area (NDA) for each HPU is summarised in the following table.

Table : Net Floor Area summary by HPU

| **Health Planning Unit** | **NDA (sqm)** | **Health Planning Unit** | **NDA (sqm)** |
| --- | --- | --- | --- |
| Front of House |  | Operating Theatre Suite |  |
| Emergency Unit (including short stay) |  | Day Surgery & Procedure Unit |  |
| Medical Assessment Unit |  | Cardiac Interventional Unit |  |
| Surgical Assessment Unit |  | Sterilising Services |  |
| Paediatric Assessment and Day Unit |  | Allied Health Centre |  |
| Maternity Acute Assessment Unit |  | Ambulatory Care / Outpatient Unit |  |
| Birthing Unit |  | Chemotherapy Unit |  |
| Transit Lounge |  | Renal Dialysis Unit |  |
| Intensive Care Unit |  | Medial Physiology Laboratories |  |
| High Dependency Unit |  | Medical Imaging |  |
| Inpatient Unit - Medical |  | Nuclear Medicine |  |
| Inpatient Unit - Surgical |  | Radiation Oncology |  |
| Inpatient Unit - Rehabilitation |  | Mortuary Unit |  |
| Inpatient Unit - Paediatric and Adolescent |  | Facilities Management |  |
| Inpatient Unit - Mental Health |  | Staff Amenities |  |
| Inpatient Unit - Older Persons Mental Health |  | Pharmacy |  |
| Inpatient Unit - Maternity |  | Administration |  |
| Inpatient Unit |  | Back of House |  |
| Neonatal Care Unit |  |  |  |
| **Gross Department Area (GDA)** | | |  |
| Travel | (% allowance) | |  |
| Engineering | (% allowance) | |  |
| **Total Gross Floor Area (GFA)** | | |  |