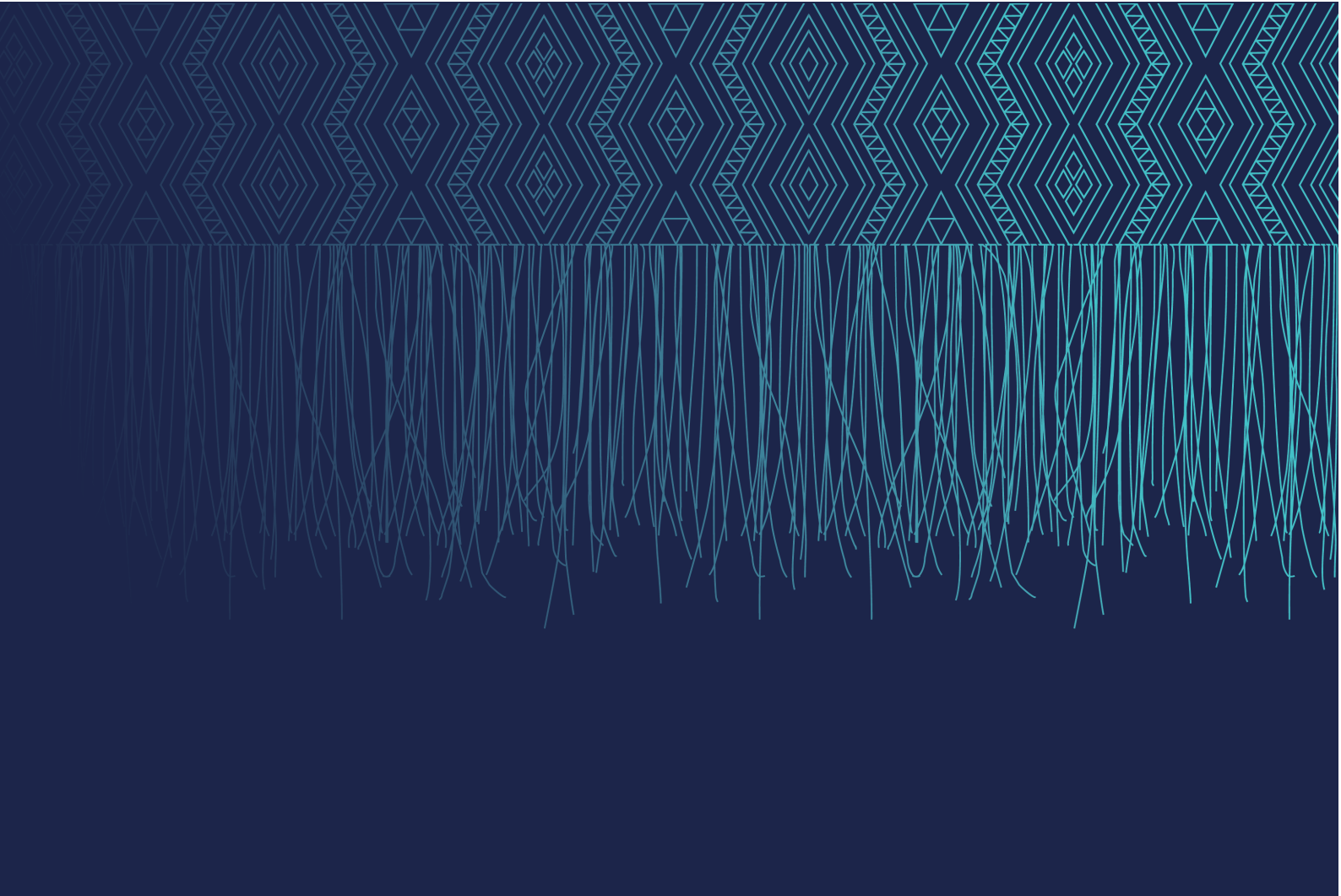


Infrastructure Planning Framework



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TABLE OF CONTENTS

Introduction	7
Background and Context	7
What is the Infrastructure Planning Framework?	8
Defining Infrastructure Projects	8
Benefits of the Infrastructure Planning Framework	9
Framework Overview	10
When to use the Framework	11
Planning Context	12
Overview	12
The Broader System of Planning	12
Project Investment and Delivery Cycle	13
Infrastructure Planning Principles	14
Infrastructure Planning Context	15
Health System Planning	16
Infrastructure Planning Framework	21
Other Key Enablers	28
Optioneering and Strategic Decision Making	31
Capital Investment Submission	32
Key Planning Documents	33
Roles and Responsibilities	35

Glossary

Term	Definition
AMP	Asset Management Plan
Aotearoa	New Zealand
GFA	Gross Floor Area
HART	Health Asset Register Tool
HSS	Health New Zealand Te Whatu Ora Hospital and Specialist Services
IIG	Health New Zealand Te Whatu Ora Infrastructure and Investment Group
IIP	Infrastructure and Investment Plan
Locality	A locality is a geographical area that is home to a community. Localities are determined through a national process that includes consultation with communities, Iwi Māori Partnership Boards, and local authorities.
Mauri	Mauri is the life principle, life force, vital essence, special nature, a material symbol of a life principle, source of emotions - the essential quality and vitality of a being or entity. Also used for a physical object, individual, ecosystem or social group in which this essence is located.
Motu	"Country" when we are describing Aotearoa/New Zealand as a "nation".
NAMS	National Asset Management Strategy
Network	A distribution of services across a geography informed by the natural flow of people, where they access care, and the relationship of facilities within the network.
PoC	Point of Care
SI&I	Health New Zealand Te Whatu Ora Service Improvement and Innovation
SP&P	Strategy, Planning and Purchasing, HSS
SRO	Senior Responsible Owner
Te Pae Tata	Te Pae Tata Interim New Zealand Health Plan 2022 The interim NZ Health Plan sets out the first two years of health system transformation to improve the health & wellbeing of all New Zealanders.
Te Tiriti o Waitangi	The Treaty of Waitangi is the founding document of New Zealand. It is an agreement entered into by representatives of the Crown and of Māori iwi (tribes) and hapū (sub-tribes).



Wairua	Refers to the spirit
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Introduction

Background and Context

The recently established Health New Zealand | Te Whatu Ora includes an Infrastructure and Investment Group (IIG), responsible for leading health investment by planning, prioritising, and monitoring capital infrastructure projects, and standardising the way projects are designed and delivered, across the health system.

The IIG, under the direction of the Pae Ora (Healthy Futures) Act 2022, interim Government Policy Statement, and Te Pae Tata, is developing an Infrastructure Investment Plan (Plan) – the first of its kind for the health sector in New Zealand. The Plan establishes a national view on the sequencing of capital projects over the next ten years and is intended to:

- Articulate capital intentions and support Government decision-making on investment in the long-term.
- Be guided by the Health Sector Principles (Part 1, section 7) embedded in the Act including but not limited to improved engagement with communities and iwi.
- Provide greater transparency to industry with the continuity of work and allow for the necessary investment.
- Enable projects to be aggregated into programmes or portfolios, to streamline delivery.

The relative immaturity of the newly established planning functions and systems across Health New Zealand paired with inconsistencies and gaps in data typically constrains the ambition of the first iteration of such a plan. In reflecting the strategic aims of the reform to improve equitable health outcomes, the Infrastructure Investment Plan will establish the foundations, enhance place-based investment planning, improve the use of data and processes, and provide nationwide oversight.ⁱ

As part of the Plan, the development of an Infrastructure Planning Framework (This Framework) will outline the processes and key inputs and dependencies that support health infrastructure planning, with the vision of achieving a nationally consistent approach. The Framework will also provide direction for an interim process to ensure we can confidently continue to plan and deliver infrastructure projects whilst embedding roles and structures, forming relationships, and developing system maturity.

The Framework articulates a service led, people and place-based, and asset informed approach to infrastructure planning and has been developed by the Infrastructure and Investment Group in close collaboration with National Hospital and Specialist Services and with key inputs from stakeholders¹ across the health system including:

- Te Aka Whai Ora – Māori Health Authority
- Hospital & Specialist Services

¹ A full list of contributing stakeholders can be found at the end of this document in the Stakeholder Consultation section.

- Office of the Chief Executive
- Service Improvement & Innovation
- Data & Digital
- Commissioning
- Regional & District Infrastructure Leads
- Infrastructure & Investment Group Asset Management Team

What is the Infrastructure Planning Framework?

The Framework provides clarity and definition of the processes and key planning document outputs that are required to support infrastructure planning. It describes the relationship between health system planning processes, key stakeholders and supporting planning documentation, together with the accountable parties.

Health New Zealand Infrastructure Leads should familiarise themselves with the Framework and associated resources. The sections within this document provide reference to relevant guidelines and resource materials that offer additional detail relating to each process step outlined in the Framework.

The health infrastructure planning process is dynamic and requires collaboration amongst government agencies, healthcare professionals, community members, and other stakeholders.

Infrastructure planning requires a strategically aligned process which is dynamic and responsive to changing health care needs. It should include mechanisms for adjustment according to changing circumstances and priorities, to ensure delivery of quality and accessible healthcare services which meets the evolving needs of our communities.

We acknowledge that the consultation and development of the Framework is taking place amidst the most significant health reform in a generation for the New Zealand health system. As the structures and policies, roles and personnel, relationships and responsibilities emerge, the Framework will be most valuable if its adoption remains flexible and iterative, consultative, and evolutionary.

The Framework will continue to be refined as further information and insights become available in the context of health reform and developing system maturity. The intent is for the Framework to be reviewed after an initial period of 18 months and then on a three-year cycle thereafter.

Defining Infrastructure Projects

This framework is designed to be applicable to renewal or refurbishment projects and new builds, of any size and independently of the funding origin.

It provides a comprehensive approach to effectively plan, develop, and manage Health New Zealand healthcare infrastructure across diverse project categories ensuring a cohesive approach to healthcare infrastructure development that supports both local aspirations and national objectives.

The Framework does not apply to facilities leased by Health New Zealand, or facilities where health services are contracted by Health New Zealand.

Benefits of the Infrastructure Planning Framework

The expected benefits of the Framework include:

- Articulation of a **strategically aligned service led, asset informed infrastructure planning** process, providing confidence that investment is aligned to need.
- **Identification and articulation of the recommended process** for health infrastructure planning and how this process interacts within broader health system planning components and structures.
- Identification of the **groups involved in the infrastructure planning process** and how each interacts throughout the planning process.
- Development of a **nationally consistent and achievable approach** to health infrastructure planning which improves our capacity to sustainably deliver high quality healthcare facilities, where over time, patients and their whānau can expect equity of access to similar quality health care, regardless of where they live.ⁱⁱ In addition, the provision of safe and quality health care facilities will support staff to work effectively and efficiently in their delivery of health care.
- Establishment of a shared understanding of the **key inputs and dependencies** required to support infrastructure planning.
- Identification and definition of the **hierarchy of planning documentation** and outputs that inform infrastructure planning.
- Provide clarity of which parties hold **responsibility and accountability** for infrastructure planning documentation.
- Supports **proactive planning ahead of business case processes** where key planning document requirements will be readily available.

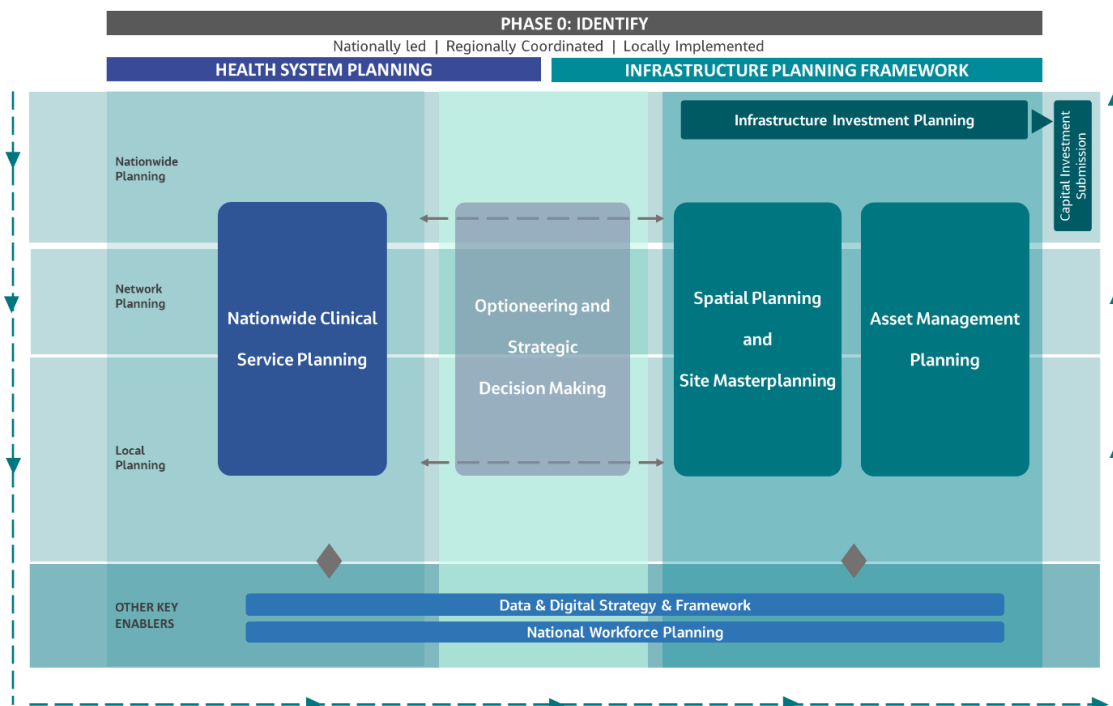
Framework Overview

There are three overarching processes within the Framework:

1. Health System Planning.
2. Health Infrastructure Planning.
3. Optioneering and Strategic Decision Making.

These are further detailed in following sections, with an overview provided below in Figure 1.

Figure 1: Infrastructure Planning Context Outline



The Framework portrays two overarching vertical streams of activity: Health System Planning, and Infrastructure Planning which are both underpinned by an approach that is “nationally led, regionally coordinated, and locally implemented.” This approach is further defined in the horizontal planning processes that happens at each level (National, Network and Local) in which Clinical Service Planning and Infrastructure Planning interact and inform each other resulting in Optioneering and Strategic Decision Making.

Optioneering and Strategic Decision Making occurs throughout the planning process with connection and collaboration between Health New Zealand health system planners and infrastructure planners. This is an iterative process that occurs at different stages in all decisions that lead to an expectation of an infrastructure solution or investment. This approach dynamically matches Health New Zealand service planning requirements with associated facility requirements, and in particular the viability of existing infrastructure to support the required services adequately and effectively. The outcome from this collaborative process informs site masterplanning and network spatial planning to achieve an optimal outcome where the utilisation of existing facilities is maximised before new infrastructure is considered.

The level of service importance guides the prioritisation of the infrastructure requirements and the associated solution.

When to use the Framework

This Framework provides a structured approach to guide the approach, management, and optimisation of all Health New Zealand infrastructure projects. It should be adopted across a variety of situations to ensure that infrastructure initiatives are delivered in line with the needs of the population and Pae Ora and Te Pae Tata objectives.

The systematic approach ensures that healthcare infrastructure projects are well-conceived, responsive to population health needs, and aligned with long-term healthcare goals and sustainability principles.

The Framework should be followed in the following scenarios:

- **New Healthcare Facility Development:** When planning to construct entirely new healthcare facilities, such as hospitals, clinics, or medical centres, to address the healthcare needs of a growing or underserved population.
- **Health Infrastructure Upgrades and Expansions:** When considering significant upgrades or expansions of existing healthcare infrastructure to meet increased demand, improve healthcare service delivery, or enhance healthcare facility functionality.
- **Growth in Population Health Demand:** In response to population growth, changing demographics, or increased healthcare demands in a community or region that necessitate the expansion and enhancement of health infrastructure.
- **Long-Term Strategic Health Planning:** When creating long-term healthcare infrastructure development plans that align with broader regional or organisational health goals and strategies.
- **Resilience and Disaster Preparedness:** When designing or retrofitting healthcare infrastructure to enhance resilience against natural disasters, public health emergencies, or other potential hazards.
- **Operational Efficiency in Healthcare:** In cases where operational efficiency, asset management, and maintenance planning are vital for extending the lifespan and functionality of healthcare infrastructure assets.
- **Technology Integration in Healthcare:** When incorporating new healthcare technologies, digital health solutions, and telemedicine capabilities to improve healthcare infrastructure performance and healthcare service delivery.

Planning Context

Overview

The establishment of a health infrastructure planning approach that is **service led and asset informed** is guided by the Pae Ora Healthy Futures Health Sector Principles and related Plans such as Te Pae Tata. This shared vision enables a common understanding of the actions required to support infrastructure planning and investment with collaboration between IIG, Hospital and Specialist Services, Te Aka Whai Ora and partners to identify where and when investment is required to best enable the delivery of current and future models of care.

The Broader System of Planning

Health infrastructure planning is part of a broader system of health service planning and delivery that serves all Aotearoa New Zealand's people and communities. It is important to acknowledge that we are in the early stages of a transformative shift in how health care is delivered. The 2022 health reform will progressively transform the health system to create a more equitable, accessible, cohesive, and people-centred system that will improve the health and wellbeing of all New Zealanders. The new health system has been designed to enable a whole-of-country view to planning and delivering services, helping it to be efficient and consistent everywhere. A healthcare system that is nationally planned, regionally delivered and locally tailored.

Te Pae Tata informs us that the foundations of our new health system are to *'improve equitable health outcomes, to embed Te Tiriti o Waitangi, to implement a population health approach, to drive equity of outcomes and access, and to ensure a sustainable and affordable system'*.ⁱⁱⁱ Partnerships and Te Tiriti o Waitangi principles will be woven throughout the new health system with strong expectations to deliver care that will achieve better health outcomes for Māori and other groups who have not always been well served.

In achieving the vision for the future health system, five key system shifts are being sought:
^{iv}

1. The health system will uphold Te Tiriti o Waitangi.
2. People and whānau will be supported to stay well and connected to their communities.
3. High-quality specialist and emergency care will be equitable and accessible to all when it is needed.
4. Digital services and technology will provide more care in people's homes and communities.
5. Our health workforce will be valued and well trained, ensuring we have enough skilled people to meet future needs.

Health infrastructure planning must appropriately respond to these foundational principles and contribute to achieving health equity and improved health outcomes. The Framework articulates the processes and actions required to inform sustainable infrastructure investment decisions. These decisions are grounded by collaboration and partnership, led by the service planning direction, and informed by existing assets (asset provision and performance).

Project Investment and Delivery Cycle

The previously developed 2021 Project Delivery Framework provides a clearly defined and consistent process for the development and management of capital projects and is initiated following the prioritisation of a project for investment.

This Infrastructure Planning Framework provides greater detail within 'Phase 0: Identify' to articulate and define the broader planning eco-system, the connections, interdependencies, and outputs required to progress infrastructure project planning & delivery.

Find out more about the Project Delivery Framework and Investment and Delivery of NZ health care facilities here: <https://www.tewhātuora.govt.nz/our-health-system/infrastructure-and-investment/how-to-build-health-facilities/>

Phase 0: Identify is the 'thinking' phase, enabling an understanding of potential infrastructure projects that align with proposed investment and organisational strategic priorities, testing whether these respond to population health needs and link with required equity, access and sustainability outcomes and benefits.

Figure 2: 2021 Project Investment and Delivery Cycle



Infrastructure Planning Principles

Te Waihanga Infrastructure Commission has set out the following principles to guide how infrastructure investment decisions will be made. The Infrastructure and Investment Group has adopted these principles:

- **Efficient/Kia Pai:** Infrastructure decisions provide value for money – the benefits for economic, social, environmental, and cultural wellbeing are larger than the costs of providing it.
- **Equitable/Kia Matatika:** Infrastructure decisions are fair and inclusive of all New Zealanders and recognise the needs of those who are disadvantaged or vulnerable in our society.
- **Affordable/Kia Utu Ngāwari:** Infrastructure is affordable for providers and users, so that we carefully prioritise new investment, while making the most of the infrastructure we already have.
- **Future-focused/Kia Pae Tawhiti te aro:** We think about the future and learn from the past to ensure that our infrastructure is adaptable and responsive to change, including climate change.

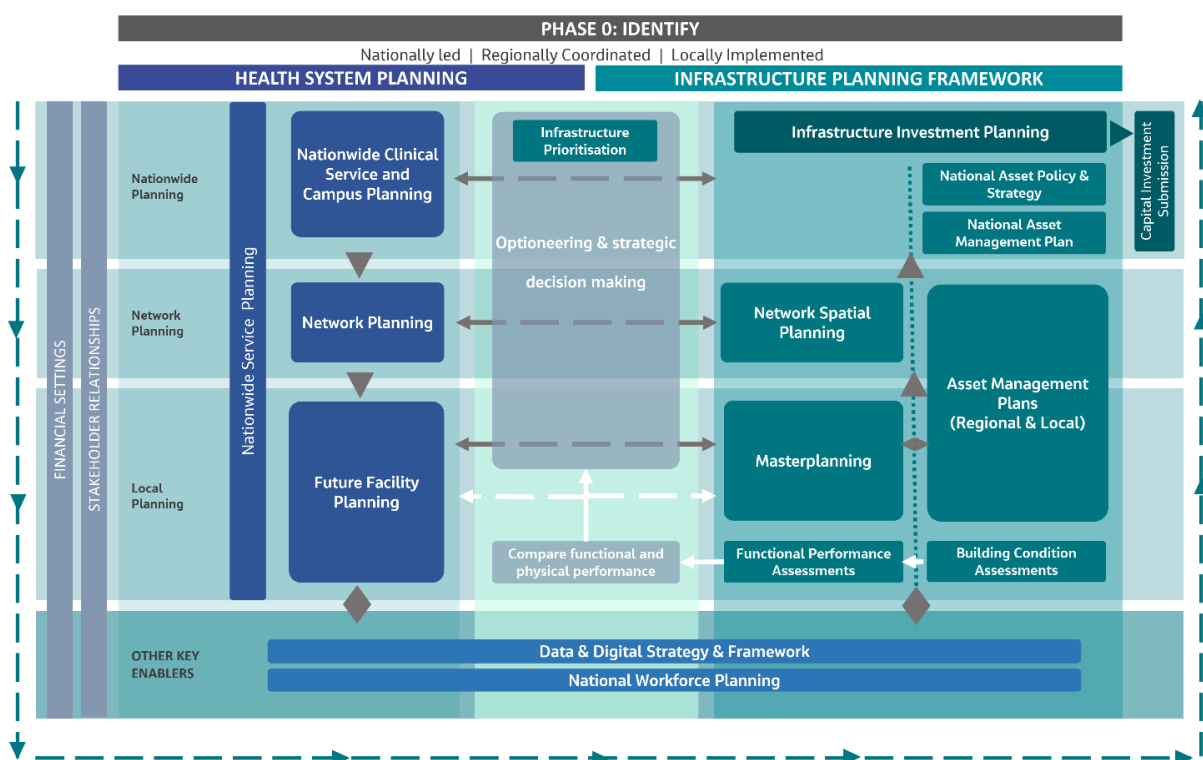
For investment in infrastructure for health, additional decision-making principles are:

- **Transparency/Kia Pono:** openness and honesty about how infrastructure decisions are made and the trade-offs we are making between different outcomes.
- **Greater certainty/Kia Whakapono:** across the health system including to community and private providers, contractors, and consultants. A pipeline of proposed investments will be made public.
- **Collaboration/Kia Mahi Tahi:** in developing plans at a network level so that informed choices and trade-offs can be made.
- **Consistency/Kia Rite Tonu:** where standardisation is appropriate, in other cases local solutions will respond to local needs. We think across infrastructure networks and avoid siloed thinking and decision-making.
- **Flexibility/Kia Tāwariwari:** where appropriate to manage and respond to growth and need, including a willingness to embrace new models of care.
- **Evidence base/Kia Whai Taunakitanga:** to inform future decisions including monitoring of benefit realisation, and evaluation of findings.
- **Alignment/Kia Aro:** with principles developed as part of the New Zealand Health Plan.
- **Risks/Ngā Tūraru:** will be managed by the party best placed to understand and respond.

Infrastructure Planning Context

This section describes the Infrastructure Planning Context process steps, their responsible owners, and introduces key planning documents that are produced as an output of these processes. The Infrastructure Planning Context graphic portrayed in the below figure should be read in a 'U shape' from top left, down the page, across the bottom and up to the right. The graphic incorporates woven vertical and horizontal process streams demonstrating connection and collaboration at each step. The processes described are not purely linear, nor does each step occur sequentially, but are reiterative interactions that inform and rely on each other, in a dynamic planning environment.

Figure 3: Infrastructure Planning Context



Health infrastructure planning documents are essential resources for understanding the required development and improvement of healthcare facilities to support population health and wellbeing.

Each process step in the planning context, described in this section identifies the associated planning document with an outline of the document purpose, responsible owner, key outputs that specifically inform infrastructure planning, key dependencies, timing, and endorsement responsibility. The planning document review cycle (timing) should be proactively planned, enable a constructive process, and ensure risk associated with infrastructure condition and fitness for purpose are well managed.

Use of available guidance note and/or template documents are required during planning document development. Please visit the Facility Design Guidance Resource page found here: <https://www.tewhatauora.govt.nz/our-health-system/infrastructure-and-investment/facility-design-guidance-resources/>

Health System Planning

Health System Planning identifies the clinical priorities for the current and future population, assesses the system's capacity to deliver these services and prioritises the actions and investments required to achieve identified access and equity outcomes.

Find out more about Te Whatu Ora Hospital and Specialist Services here: <https://www.tewhatauora.govt.nz/our-health-system/hospitals-and-specialist-services/>

In partnership with Te Aka Whai Ora, Hospital and Specialist Services lead this work with IIG as a key stakeholder in this planning effort, as facilities are key enablers of, or barriers to equitable health care delivery. Other key directorates involved are Pacific Health, Commissioning, Data & Digital, and Service Innovation & Improvement. Planning is “nationally led, regionally coordinated, and locally implemented.”

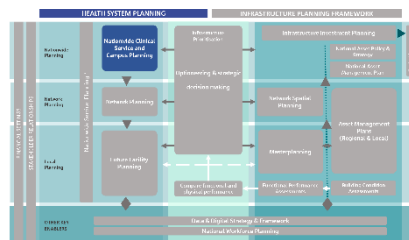
Hospital and Specialist Services lead Health System Planning

Nationwide Service Planning will inform the models of care, location, levels of service, and point of care demand for health facilities across Aotearoa

Once established Nationwide Clinical Service Planning, Network Planning, and Local Planning (incl Future Facility Profiles) will be updated every 3 years in alignment with Te Pae Tata

Nationwide Clinical Service and Campus Planning

Nationwide Clinical Service and Campus Planning is developing our single nationwide hospital and specialist services system and responds to the third key system shift: *‘Everyone will have equitable access to high quality emergency or specialist care when they need it’*. The work is grounded in Te Tiriti principles and obligations and drives changes in what is available for communities in their local area.



Nationwide Clinical Service and Campus Planning will aim to create a system that is equitable, sustainable, and responsive to the needs all of New Zealanders and it will be driven by the six new health strategies:

- 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

Nationwide Clinical Service and Campus Planning is based in who people are and where they live, providing a roadmap to equitable access across the motu and equity of outcomes for service delivery. The process and outcomes empower regional implementation and integration and enable locally tailored delivery of care. This is not just about services but includes facilities and other enablers.

Nationwide Clinical Service and Campus Planning informs the types of care, models of care, settings of care, and levels of service across Aotearoa. This means that services and networks are designed around how people access care, and how services need to be organised to ensure equitable health outcomes for whānau.

Planning considers a broader approach than just the traditional settings of care. It shifts the focus away from services and focuses on people, place, and outcomes. Network planning considers the complexity of the person accessing care and the care required, the frequency that care needs to be accessed, the intensity and duration of care, and the commonality across Aotearoa to consider where care should be delivered.

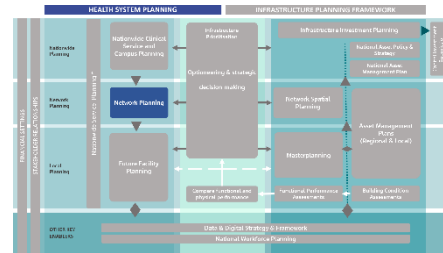
Nationwide Clinical Service and Campus Planning outputs inform investment across the system including identification of new services or changes to the size and scope of services delivered, the cultural and clinical manner and medium in which they are delivered, data & digital changes in practice and/or investment, relationships with commissioned primary and community services, and infrastructure requirements.

Table 1: Nationwide Clinical Service and Campus Planning Inputs and Outputs Informing Infrastructure Planning

Key Inputs to Nationwide Clinical Service Planning	Key Outputs from Nationwide Clinical Service Planning Informing Infrastructure Planning
<ul style="list-style-type: none"> ▪ NZ Health Strategies ▪ Whakamaua: Māori Health Action Plan ▪ Kia Manawanui ▪ Te Pae Tata ▪ Health Needs Assessments ▪ Data & Digital Roadmap ▪ Workforce Action Plan ▪ Locality plans ▪ Current facility location, levels of service, & fitness for purpose assessments ▪ Provisional Health of Disabled People Strategy ▪ Pae Tū: Hauora Māori Strategy 2023 ▪ Pasifika strategies 	<ul style="list-style-type: none"> ▪ Clinical and population priorities ▪ Service scope, locations, and types of setting of care (Home, Rural, Community, Generalist, Specialist) ▪ Type and scope of facilities ▪ Settings of care where services are delivered to improve health outcomes. Identifying: <ul style="list-style-type: none"> ○ New services (new location) ○ New services (existing location) ○ Modified services (existing sites) ○ Existing services (existing location) ○ Existing services (new location) ○ Cancelled services (existing sites) <p>Outline the key changes expected to reach planned future state</p>
<p>Timing: Updated in alignment with Te Pae Tata Responsibility: HSS Endorsement: Te Aka Whai Ora</p>	

Network Planning

Informed by Nationwide Clinical Service and Campus Planning, Network Planning will describe the type and distribution of services across a geography informed by the natural flow of people, where they access care, and the relationship of facilities. Every health facility will be considered as part of one of more networks.



A Network Plan will be led by HSS in partnership with Te Aka Whai Ora and include clinical and operational leadership alongside Māori, Pacific, and disability leadership and rural health professionals during development.

It will be a living process and document that evolves in response to the needs of the population and changes in our service delivery environment. It will be reviewed and updated in alignment with Te Pae Tata, and Nationwide Clinical Service Planning.

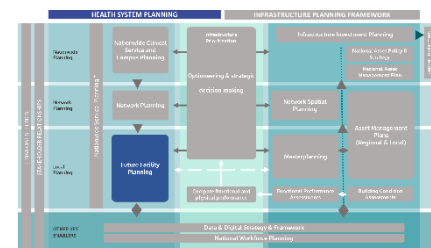
Network Plan outputs will be key to informing Future Facility Planning and Network Spatial Planning.

Table 2: Network Planning Inputs and Outputs

Key Inputs to Network Planning	Key Outputs from Network Plan Informing Infrastructure Planning
<ul style="list-style-type: none"> ▪ Nationwide Clinical Service Planning ▪ Natural flow of people across the community – transport, access and traditional affiliations with services and sites. ▪ Localities plans 	<ul style="list-style-type: none"> ▪ Distribution of the network of services ▪ Relationships between settings of care (Home, Rural, Community, Generalist, Specialist) ▪ Distribution, location, and connections between facilities across the network including their type and scope ▪ Collated network level demand for points of care (facility treatment spaces) ▪ Outline the key changes expected to reach planned future state
<p>Timing: Updated in alignment with Te Pae Tata Responsibility: HSS Endorsement: Te Aka Whai Ora</p>	

Future Facility Planning

Future facility planning identifies specific facility infrastructure needs based on factors including population growth, models of care, network of service delivery, and technological advancements. It will identify service priorities, outcome objectives, and priority actions for clinical services to be applied at a local facility level.



Future facility requirement planning will be led by HSS in partnership with Te Aka Whai Ora and include clinical and operational leadership alongside Māori, Pacific, and disability

leadership and rural health professionals during development of a Future Facility Profile document.

The Future Facility Profile will be a living document that continues to evolve in response to the needs of the population and changes in our service delivery environment. It will be reviewed and updated in alignment with Te Pae Tata, Nationwide Clinical Service Planning and Network Planning.

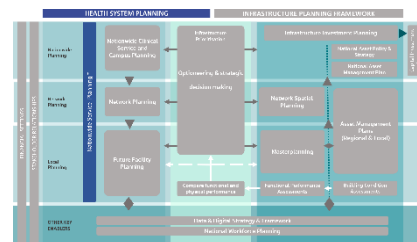
Future Facility Profile outputs will be key to informing Masterplanning, Functional Design Briefing, and Schedules of Accommodation.

Table 3: Facility Planning Inputs and Outputs

Key Inputs to Future Facility Profile	Key Outputs from Future Facility Profile Informing Infrastructure Planning
<ul style="list-style-type: none"> ▪ Nationwide Clinical Service and Campus Planning ▪ Network Planning ▪ Existing facility points of care 	<ul style="list-style-type: none"> ▪ Population-informed activity projections by services ▪ Population-informed capacity requirements for the facility (facility points of care) ▪ Gap assessment of existing and future point of care requirement ▪ A summary of service models of care (the way in which services will work within the facility), acknowledging and translating national approaches and specialty service models of care to the local facility level ▪ Outline the key changes expected to reach planned future state
<p>Timing: Facility Profiles will be updated in alignment with Te Pae Tata</p> <p>Responsibility: HSS</p> <p>Endorsement: Te Aka Whai Ora, and IIG</p>	


Clinical Service Planning

Clinical Networks for Specialty Services act as a centre of excellence to identify how evidence-based practice can be delivered across the system. Service delivery experts from across professional disciplines working with consumers and whānau, will influence how we prioritise, and drive system change through the development of National Standards and Models of Care for specific service streams such as Cancer, Renal, Intensive Care etc.



A programme governance group, chaired by the National Clinical Directors of Health New Zealand and Te Aka Whai Ora, oversee the Clinical Networks. It will ensure the clinical network models of care demonstrate ways of working informed by Te Tiriti o Waitangi and are focused on the core objectives of seeking consistent equity of access, patient experience and outcomes.

Clinical Networks in partnership with HSS Service Planning will develop Models of Care that describe and translate how evidence-based practice can be sustainably delivered with a focus on equitable access and outcomes for all New Zealanders. Nationwide services planners translate the model of care with clinical networks into nationwide clinical service planning that takes a current state analysis and describes the changes required to deliver identified future models of care, including determining where services can and should be provided.



Find out more about National Clinical Networks here:
<https://www.tewhatauora.govt.nz/whats-happening/what-to-expect/national-clinical-networks/>

Table 4: Clinical Network Planning Inputs and Outputs

Key Inputs to Clinical Service Planning	Key Outputs from Clinical Service Planning
<ul style="list-style-type: none"> ▪ Nationwide Clinical Service Planning ▪ Network Planning ▪ Needs Assessments ▪ Evidence informed practice innovations 	<ul style="list-style-type: none"> ▪ National Standards and Models of Care ▪ Identification of ways to address variation in service quality and health outcomes ▪ Actions to address equity ▪ Development of innovative, efficient, and evidence informed solutions that will inform investment and workforce planning to be applied nationwide ▪ Outline the key changes expected to reach planned future state
<p>Timing: Undertaken as a rolling programme of work</p> <p>Responsibility: Clinical Networks, HSS and Te Aka Whai Ora</p> <p>Endorsement: Clinical Networks, HSS and Te Aka Whai Ora</p>	

National Operating Models

Health facility infrastructure planning is informed by health service planning demand for physical space (points of care). In addition, clinical and non-clinical support services such as Food Services, Environmental Services, Materials Management, Laboratory, Radiology, and others also impact infrastructure planning for the required footprint at a facility level. Varying approaches to the service operating model will impact the area requirement, therefore an understanding of future operating models is essential to support infrastructure planning.

It is expected that as the system evolves in maturity that national operating models will inform the direction of clinical and non-clinical support service operating models for healthcare facilities by establishing standards, regulations, and guidelines that directly impact facility space requirements.

In the absence of such national operating policies, infrastructure planning must initiate conversation with HSS and on-site delivery teams at commencement of Masterplanning to determine the future approach for these services at a facility level. This will enable application of benchmark area assumptions for each of the required clinical and non-clinical services.

Infrastructure Planning Framework

Health Infrastructure is a key enabler for the delivery of health services. As such, the planning of any infrastructure works needs to reflect the outputs of the health service planning direction and respond to its requirements.

To ensure alignment of infrastructure planning to health system planning and to manage existing capacity conditions, the infrastructure planning process cannot occur in isolation and must occur in partnership with HSS. This collaborative approach will ensure identification of approaches and solutions that offer the best value to meet current and future population need, and for the prioritisation of actions and investments required to improve access and equity outcomes.

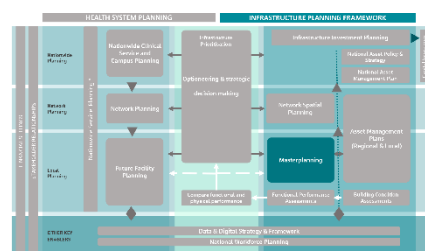
Infrastructure Planning is a comprehensive process that involves various components including Asset Management Plans, Functional Performance and Building Condition (Fitness for Purpose), Site & Precinct Master Planning, and Network Spatial Planning. These components interact and contribute to identification of major and minor capital works including compliance, renewals and maintenance required to efficiently manage physical assets and ensure that health facilities are fit for purpose to support activity demand and population need.

A key element of infrastructure planning is an understanding of the quality of physical infrastructure and current financial conditions and economic indicators that impact the health system.



Masterplanning

Masterplans play a pivotal role in ensuring that healthcare facilities are not only equipped to address the current and future health needs of the population, but also that they are efficient, cost-effective, resilient, and sustainable. By having an agreed-upon masterplan, the potential for unplanned developments is minimised, preventing situations where future expansion or adaptability may be hindered.



The purpose of masterplanning is to establish a long term vision for the site and outline a staged process for achieving this vision. One that is sufficiently flexible to accommodate future changes in service delivery. This vision needs to define specific organisational principles, including clear separation of clinical zones, and efficient independent flows, that must be maintained as the site is developed. Key adjacencies and clinically appropriate patient flows should be considered and demonstrated in the masterplan document.

The Masterplan needs to illustrate and respond to the requirements from the Future Facility Profile while accommodating the asset information provided by the Asset Management Plan. It needs to justify and demonstrate how the overall campus functionality will improve overtime. In addition, effective masterplans are attuned to our evolving comprehension of natural hazards, such as the heightened occurrence and intensity of extreme weather events and incorporate measures to address these challenges proactively.

Masterplans need to actively guide the design of the physical layout to promote equity, fairness, and inclusivity, thus fostering improved health and well-being outcomes for the communities they serve. The Masterplan outlines a strategic approach to minimise barriers, be they cultural or physical, thereby enhancing equitable access to healthcare services. This might entail respecting and preserving the cultural and spiritual essence of the location, as is the case with acknowledging and safeguarding the wairua and mauri of the site in many communities.

Throughout the masterplanning process, engagement with both communities and healthcare professionals is vital to crafting a comprehensive strategy. This strategy not only illustrates how the facility will facilitate clinical operations, flows and clinical zonings but also establishes connections with other community services and healthcare providers.

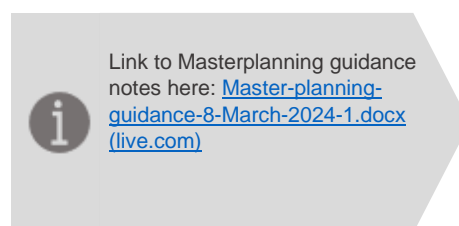
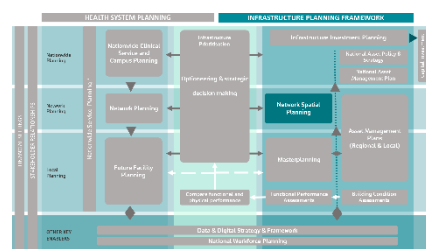


Table 5: Masterplanning Inputs and Outputs

Key Inputs to Masterplanning	Key Outputs from Masterplanning
<ul style="list-style-type: none"> ▪ Local planning – Future Facility Profile ▪ Point of Care demand ▪ Models of Care ▪ Site infrastructure and ground conditions, utilities capacity and District plans ▪ Facility Fitness for Purpose (combined building condition and functional performance assessments) ▪ Asset Management Plan ▪ Network Plan 	<ul style="list-style-type: none"> ▪ Site analysis & options ▪ Short, med, long term steps ▪ Facility/dept adjacencies ▪ Site Capacity, zoning, and flows ▪ Phases and Staging (including required decanting) ▪ Indicative Costing ▪ Outline the key changes expected to reach planned future state
<p>Timing: Updated every 3 years applying any impact of changes noted in nationwide clinical service planning, or to support any project planning.</p> <p>Responsibility: IIG</p> <p>Endorsement: HSS, and Te Aka Whai Ora</p>	

Network Spatial Planning

The Network Spatial Plan is a strategic plan that focuses on testing the spatial organisation and layout of a network of healthcare facilities as defined in the Network Plan. It considers the network of facilities rather than focusing on individual facilities in isolation. The Network Spatial Plan considers the geographic distribution and interconnections of healthcare facilities within a region, city, or the overall healthcare system across the country.



The Network Spatial Plan will be a live document that will be developed and refined as Health System Planning evolves and Masterplans for existing facilities are developed.

Key aspects of the Network Spatial Plan include:

Geographic Distribution: Consideration of where healthcare facilities are located across a geographic area to ensure equitable access for all communities within the network's reach. It tests the ambition of future service distribution and capacity demand defined in the Network Plan based on an understanding of the existing capacity of facilities within the network.

Resource Allocation: A Network Spatial Plan helps optimise allocation of resources and capital investment in health facility infrastructure within the network to meet the needs of different communities. It supports the development of overall investment scenarios and feed into infrastructure investment prioritisation processes and defines staging of interventions on health facility infrastructure across the network.

Transportation and Access: It considers transportation infrastructure and accessibility, such as public transportation routes and road networks, to facilitate patient and staff access to healthcare facilities, including patient transfers and referrals for an efficient coordination of care.

Future Growth and Expansion: A Network Spatial Plan tests the capacity of facilities within the network based on projected population growth, capacity demand and changes in models of care to accommodate expansion and adaptability.

Efficiency and Cost-effectiveness: The plan aims to support the Network Plan in optimising the use of resources and infrastructure within the network to ensure that healthcare services are delivered efficiently and cost-effectively.

Emergency Response and Disaster Planning: It considers emergency response and disaster preparedness, ensuring that healthcare facilities are strategically located to respond to emergencies and natural disasters effectively.

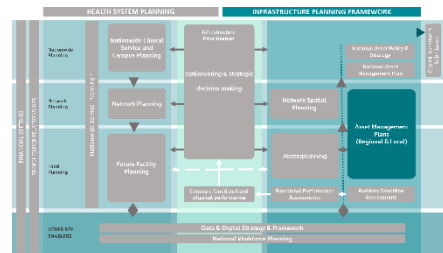
Table 6: Network Spatial Planning Inputs and Outputs

Key Inputs to Network Spatial Planning	Key Outputs from Network Spatial Planning
<ul style="list-style-type: none"> ▪ Masterplanning ▪ Short, med, long term steps ▪ Staging of capacity 	<ul style="list-style-type: none"> ▪ Confirm the distribution of services and locations outlined in the Network Plan – travel distances

<ul style="list-style-type: none"> ▪ Fitness for purpose assessments ▪ Network Plan ▪ Intended distribution of services and locations ▪ Gap assessment of existing and future point of care requirement 	<ul style="list-style-type: none"> ▪ Staging of facility development across the network to meet network service demand ▪ Identification of a timeline of priority works across network (feeds into regional AMP) ▪ Identification of big investment choices, options (including non-capital options) and timing to feed into prioritization and IIP ▪ Identification and mitigation planning of gaps or pressure points within the service network ▪ Test ambition of network plan – where/if additional capacity is possible ▪ Outline the key changes expected to reach planned future state
<p>Timing: Checked if update required every 3 years, applying any impact of changes noted in nationwide clinical service planning, or to support any project planning.</p> <p>Responsibility: IIG</p> <p>Endorsement: HSS, and Te Aka Whai Ora</p>	

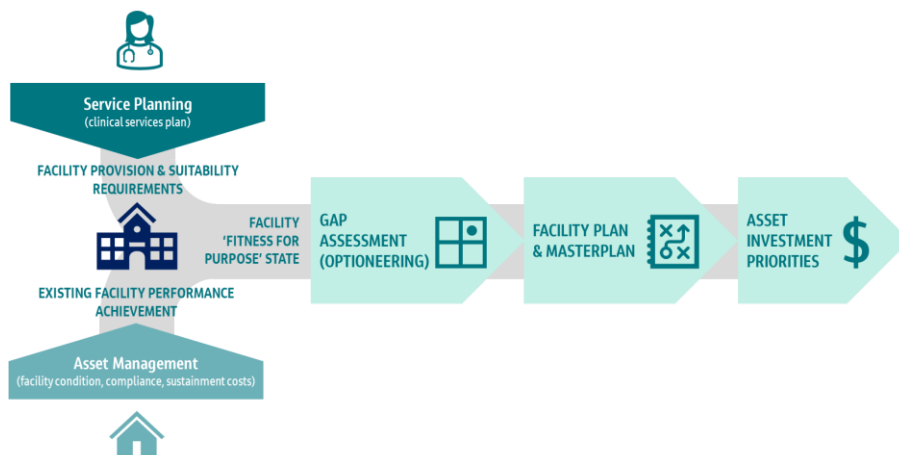
Asset Management Planning

The health sector has a diverse range of assets that enable and support the health system. The IIG is responsible for asset management, ensuring the condition and performance of these assets is well understood to inform the sustainment needs of the existing asset portfolio. These asset needs are identified and categorised as maintenance and capital sustainment projects, which are documented in various Asset Management Plans.



Further to capital sustainment, there are other requirements for assets, driven by the delivery of emerging and changing health services. This approach recognises and identifies the infrastructure required to suit the services, which may not match the asset portfolio that exists. The following figure shows this ‘top-down’ service driven approach for determining the asset provision and the ‘bottom-up’ approach to determine the sustainment needs of the existing portfolio:

Figure 4: Asset Management Approach



A facility 'fitness-for-purpose' assessment, which considers the functional suitability and physical performance of the existing asset portfolio, provides the basis for identifying how well the assets are supporting the services. This assessment identifies the gap between the required asset portfolio and the existing asset portfolio. The gap provides the basis for understanding the options to improve the 'fit-for-purpose' state, given the constraints and limitations of the existing assets. Furthermore, this approach provides insights into the importance of the improvements, whether addressing physical performance, functional suitability, or a combination of both outcomes.

The practice of asset management needs to be aligned to the broader asset health infrastructure planning approach to ensure that the asset portfolio fully supports the services of the organisation and that the asset management practice is effective in managing the health infrastructure portfolio. The IIG is committed to designing a more systemic approach to the planning and delivery of health infrastructure and improving its asset management capability.

National Asset Management Strategy

The National Asset Management Strategy (NAMS) sets out a roadmap for the enhancement of asset management practice for health infrastructure across the motu. The improved maturity will support enhanced asset management planning and provide better, evidence-based information on existing asset portfolios, improving the understanding of the asset and business case needs with respect to a broader equitable prioritisation of asset investment opportunities. This approach to improving asset management will strengthen Health New Zealand's asset management stewardship role.

The NAMS includes a criticality matrix to determine the relative importance of hospital buildings for health services and compliance with the Building Act 2004, in addition to guidelines on seismic risk and a method for assessment of structural resilience.

National Asset Management Programme

The National Asset Management Programme (NAMP) will improve the management of the current infrastructure portfolio and the quality of long-term investment planning. It will provide a national overview of portfolio level tactical asset management that will be developed as an iterative process and improve with time.

The NAMP provides enablers to strengthen health sector asset management capability including the Health Asset Register Tool (HART), which is a repository for information on Health New Zealand owned buildings, infrastructure, clinical facilities, and the capacity of inpatient beds. It also includes guidelines for consistent condition assessments of hospital buildings and infrastructure that inform both professional assessments and self-assessments. Indicative standard costs are provided for refurbishment and replacement of facilities to allow consistent cost estimates in future investment plans.

Regional and Local Asset Management Plans

Asset Management Plans (AMP) could be a mix of local, site based, or technical AMPs which will support an aggregated Regional Asset Management Plan where all existing assets will be performance assessed to identify the future asset needs (Forward Works Plan), including scope, justification, timing, and costs. This Plan will provide the basis for

understanding the broader asset portfolio needs, which may need to be prioritised to suit any funding constraints.

Table 7: Asset Management Plan Inputs and Outputs

Key Inputs to Local Asset Management Plans	Key Outputs from Local Asset Management Plans Informing Infrastructure Planning
<ul style="list-style-type: none"> ▪ Agreed asset levels of services informed by Nationwide, Network, and Local Clinical Service Planning ▪ Point of care demand ▪ Organisational strategic objectives ▪ Asset Register ▪ Asset physical condition assessments ▪ Asset functional performance/suitability assessments ▪ Data & Digital Strategy 	<ul style="list-style-type: none"> ▪ Asset Life Cycle Analysis ▪ Prioritised & costed rolling 5/10 year forward works plan (sustainment renewals/ maintenance) ▪ Identified major works: <ul style="list-style-type: none"> ○ New additional facilities ○ Sustainment / improvement ▪ Identified minor works: <ul style="list-style-type: none"> ○ Sustainment / improvement
<p>Timing: Updated annually if required</p> <p>Responsibility: IIG Asset Team and Regional Infrastructure Teams</p> <p>Endorsement: IIG each plan and Health New Zealand board approves accepted level of risk</p>	

Facility Fitness for Purpose Assessments

Health facility fitness for purpose assessments are comprehensive evaluations that assess whether a healthcare facility is suitable and effective in meeting its intended functions and objectives. These assessments typically include two main components:

Building Risk and Criticality Assessments:

Building condition assessments evaluate the physical state of the healthcare facility's infrastructure, including its structural and seismic integrity, safety, and overall condition. Undertaken by engineers and architects, a building's physical performance is assessed by examining the fabric and services condition, and the seismic integrity of each building.

Fabric and services condition assessment includes:

- External and internal building fabric
- Mechanical, heating, ventilation, air-conditioning, and plumbing
- Electrical, power, lighting, lifts, and fire systems

Seismic integrity assessment includes:

- Structural ability of buildings by Importance Level (IL) to withstand earthquakes as a percentage of the New Building Standard (%NBS) from Initial and Detailed Seismic Assessments (ISA or DSA).

Building operability is also important as it measures the safety of the building to keep operating through disasters. This can be quantified by assessing asbestos, passive fire separation, and seismic restraints.

The goal is to ensure that the physical environment is conducive to providing high-quality healthcare services, meets regulatory standards, and poses no risk to patients, staff, or visitors.

Department Functionality Assessments:

Department functionality assessments focus on evaluating the efficiency and effectiveness of the various departments and units within the healthcare facility. Undertaken by health planners, an evaluation of department functional performance or suitability assesses functionality according to size, internal and external functionality, flexibility, resource and amenity, environmental, user experience and clinical safety.

Functional performance criteria apply measurable and objective metrics based on guidelines such as the Australasian Health Facility Guidelines (AHFG) and New Zealand Health Facility Design Guidance Note. These criteria are established and agreed in partnership between HSS and IIG. Health New Zealand note that ‘functionality’ extends beyond simply the technical and encompasses an equity and a cultural element. Bariatric beds and more generous spaces in change cubicles and shower spaces for example can address equity and access. Accommodating whānau in inpatient rooms and clinical areas for example promotes culturally safe care.

They examine how well each department functions in delivering healthcare services, meeting patient needs, and achieving the facility's overall goals.

The objective is to identify areas where departments may need improvement, whether it's through process optimization, staff training, resource allocation, or restructuring to better align with the facility's mission and objectives.

Combined Fitness for Purpose Analysis

The combination of building condition, risk and criticality studies and department functionality assessments into a Facility Fitness for Purpose analysis ensures that a healthcare facility is not only physically sound but also operationally efficient and capable of delivering quality care. In some instances, there are health facilities with buildings that provide good or optimal physical performance but are not functionality suitable for their intended purpose. Likewise, buildings can be in poor physical state but continue to provide good functionality. When assessed in unison, we can understand where to focus capital investment planning.

These assessments are to be conducted on a 3-year cycle to address changing needs, evolving healthcare standards, and facility wear and tear, with the goal of continually optimising the facility's fitness for its intended purpose.

The combined assessment analysis (Facility Fitness for Purpose) will inform HSS Health System Planning, Asset Management Plans, and Masterplanning.

Table 8: Facility Fitness for Purpose Inputs and Outputs

<p>Key Inputs to Facility Fitness for Purpose</p>	<p>Key Outputs from Facility Fitness for Purpose Informing Infrastructure Planning</p>
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<ul style="list-style-type: none"> ▪ Building risk and criticality onsite assessment and HART data ▪ Building age ▪ Seismic performance ▪ Fabric and service condition ▪ Functional performance onsite assessment 	<ul style="list-style-type: none"> ▪ Assessment analysis with advice on building and department performance and recommendations to: <ul style="list-style-type: none"> ○ Develop ○ Maintain ○ Refurbish ○ Repurpose / rearrange / reconfigure ○ Review ○ Dispose
<p>Timing: Assessments undertaken on a 3-year cycle Responsibility: IIG Endorsement: HSS</p>	

Infrastructure Investment Plan

The first iteration of an Infrastructure and Investment Plan (IIP) identifies immediate investments, along with intentions for the future health infrastructure pipeline. It provides a starting point that can be built upon in subsequent iterations as we continue learning and understanding.

Subsequent iterations of the IIP will be released as part of the Te Pae Tata planning cycle, alongside the National Asset Management Strategy. The processes identified in this Infrastructure Planning Framework will work together to inform the IIP and provide confidence that investments in healthcare infrastructure are *'service led, and asset informed'*; that investment is strategically planned and aligned with the goal of providing accessible, equitable, and high-quality healthcare services to the community.


The IIP will be implemented working alongside Te Aka Whai Ora, the Iwi Māori Partnership Boards, industry, and our communities. To measure performance, we will report jointly and quarterly to the Minister of Health and Minister of Finance.

Other Key Enablers

Infrastructure is a key enabler supporting equitable health service delivery. Other key enablers that form part of the Framework and contribute significantly to the overarching planning processes include workforce and data and digital planning.

Data and Digital Strategy and Framework


Digital technology has become a key enabler of any modern health facility with complex interdependencies regarding design and commissioning. The National Digital Framework for Major Facility Redevelopments and New Health Facility Programmes (the 'Digital Framework')⁹ outlines a standard format and process by which the digital scope is defined and managed across all health capital infrastructure projects.



Find out more about Digital Health here:
<https://www.tewhātuora.govt.nz/our-health-system/digital-health>

The Digital Framework separates the facility digital sub-programme into workstreams each focused on specific aspects. The key objectives of Phase 0: Identify is to assess the scope of the proposed new health facility programme and assess the current state of the impacted digital environment. This information is then used to draft an indicative digital blueprint² outlining the proposed high-level scope of the facility digital sub-programme. The indicative digital blueprint is further developed at later stages and continues to be updated and maintained throughout the life of the programme acting as the authoritative source for definition of the digital scope.

The Digital Framework should be applied at Phase 0: Identify and followed throughout the full lifecycle of the new facility programme. Responsibility for adherence to the Digital Framework sits with the digital SRO but may be delegated to a digital sub-programme director, once appointed.



Access the Digital Framework here:
<https://mohgovtnz.sharepoint.com/sites/FacilityTechnology/SitePages/Digital-Facilities-Framework-Guide.aspx?csf=1&web=1&mp:e=HMdOLO>


Guidance and support regarding the use and implementation of the Digital Framework can be accessed by emailing: facilitiestechnology@health.govt.nz

Table 9: Local Data and Digital Blueprint Inputs and Outputs

Key Inputs to Local Data and Digital Blueprint	Key Outputs from Local Data and Digital Blueprint Informing Infrastructure Planning
<ul style="list-style-type: none"> ▪ Models of Care ▪ Nationwide Clinical Service and Campus Planning <p>Future Facility Profile</p> <ul style="list-style-type: none"> ▪ Health Workforce Plan ▪ Masterplans 	<ul style="list-style-type: none"> ▪ Current state assessment and gap analysis ▪ Digital programme assessment to determine the digital risk and complexity associated with the identified health facility programme
<p>Timing: The digital sub programme is commenced at least 6 months prior to other Phase 0 components are due for completion</p> <p>Responsibility: Chief Digital Health Officer and/or Assigned Project Director or Project Manager</p> <p>Endorsement: Chief Digital Health Officer, HSS</p>	

Workforce Planning

Workforce planning is an ongoing process ensuring the right people with the right skills are delivering services in the right place at the right time and cost. 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.



Find out more about Te Whatu Ora workforce planning here:
<https://www.tewhatauora.govt.nz/publications/health-workforce-plan-202324/>

² The National Digital Facilities Framework includes an appendix with a suite of templates, tools and guides including a Digital Blueprint template.

Led by the National Workforce Planning Group, the Health Workforce Plan 2023/24 outlines the plan of action for the next 12 months with evolving maturity over the next three years. It articulates how Health New Zealand and Te Aka Whai Ora will build on successes to date and lay the foundations for a sustainable workforce. The Health Workforce Plan will be updated annually in the short term and is then likely to move to a 3 year cycle.

The Infrastructure and Investment Plan will identify prioritized future facility developments. This information, in conjunction with Nationwide Clinical Service Planning, will directly influence and inform the future workforce requirements and planning as part of the National Workforce Plan.

Infrastructure planning activities that occur within the Infrastructure Planning Framework processes should apply assumptions gained from the Health Workforce Plan. Detailed workforce profiles at a facility and department level will be developed during project Functional Design Briefing in Phase 1: Define in collaboration with department and hospital leadership.

Stakeholder Relationships

Establishment and nurturing of stakeholder relationships is vital to the success of health system and health infrastructure planning. Trust, collaboration, consensus building, and risk management occur because of fostering positive relationships with stakeholders, ultimately leading to more effective, adaptable, and population centric health infrastructure.

The Pae Ora Act provides for a number of consultation and engagement expectations of both Health New Zealand and additionally the Act formalises the partnership between Te Aka Whai Ora and Iwi Māori Partnership Boards (IMPBs).

Stakeholder relationships are portrayed in the Infrastructure Planning Context, highlighting the importance and influence at all levels of national, regional, and local planning. Engaging stakeholders, including iwi, ensures that diverse perspectives and needs are considered in health infrastructure planning, assisting to promote equity in healthcare delivery, and reducing disparities in access and outcomes.

Early stakeholder identification is a critical step that significantly contributes to the success of health infrastructure planning and specifically ensures that cultural considerations are integrated from early planning. Infrastructure planning processes such as Masterplanning must work in partnership across the IIG, HSS, and Te Aka Whai Ora in a timely way to identify required stakeholders for participation in planning processes.

Financial Settings

The efficient and effective allocation of financial resources is crucial for the successful delivery of healthcare services, the maintenance of existing infrastructure, and the development of new healthcare facilities. In this context, understanding the key financial factors that influence infrastructure planning is essential for optimizing healthcare delivery in Aotearoa.

The allocation of budgets should be based on healthcare priorities and is key that this allocation is done considering:

- **Impact on Health Equity:** It is essential to ensure that investments are distributed to achieve equitable access and outcomes across different regions and populations, reducing health disparities.
- **Needs Assessment:** That consider demographic changes, healthcare trends, and the condition of existing facilities.
- **Efficient use of capital:** Initiatives seeking capital funding should identify a range of options for the delivery of health and supporting services, including non-capital solutions and the use of alternative funding sources, to ensure that funding utility is maximised.
- **Long-Term Planning and Strategic Priorities:** Infrastructure planning should be forward-looking, considering long-term healthcare trends and balancing investments in new infrastructure with maintenance and upgrades of existing facilities.
- **Whole of Life Costing:** Health infrastructure and service delivery provision must be considered in terms of the total cost over the life cycle of provision, including the consideration of both the capital expenditure and ongoing operating costs, to maximise the value from commitment of financial resources.

Optioneering and Strategic Decision Making

With the resource constraints and multiple means to support the Pae Ora goals and enhanced health outcomes, the planning framework needs to support the identification of options and undertaking of choice by decision makers. The framework supports this by bringing together the clinical service delivery priorities with the infrastructure drivers to enable a balanced assessment of options.

For that reason, the optioneering process is deliberately depicted as between the health planning and infrastructure planning systems at national, regional and local levels. It indicates the ongoing dialogue and engagement required to determine, refine and evaluate the options to support decision making. This engagement is intended to be iterative as the planning processes on both sides continues to inform, test, and shape the understanding of choices. It also occurs at multiple levels, with the outcomes of strategic direction provided at a national level; the coordination of priorities at a regional level; and specific solutions at a local level - each informing choices at the other levels.

By following a structured approach, we can make informed decisions regarding healthcare infrastructure that responds to population needs while considering limitations such as funding availability and industry capacity. This process will ensure that resources are allocated efficiently and that the infrastructure development aligns with the overall health service strategy.

Investment Prioritisation

Significant ongoing investment is required to strategically grow contemporary health service capacity across New Zealand. Prioritising the volume, location, function, and pace of affordable investment in growing capacity requires robust evidence, appropriate governance, measured consideration, expansive consultation and agreed principles to address the urgent need to grow capacity, with the pursuit of more sophisticated planning approaches and mechanisms in the medium term.

Investment prioritisation of health infrastructure is led by the Investment Planning function of IIG and the Service Strategy, Planning and Purchasing function of HSS operating in partnership with Te Aka Whai Ora.

Prioritisation employs criteria that draws on the population needs and equity considerations for clinical service delivery, the asset drivers and risk considerations, and the constraints on delivery (such as financial and market capacity). Decision making needs to follow a structured and defensible process, which highlights the trade-offs inherent in investment decisions being taken forward.

The prioritisation criteria supports the evaluation of investment opportunities not only for inclusion within the Infrastructure Investment Plan but also for the ongoing assessment of relative priority in the delivery of the plan following any changes in the investment (such as assessed cost or risks). Investment criteria need to be flexible and adjusted to government policies and priorities.

Prioritisation will occur through the development of the Infrastructure Investment Plan, and then continuously throughout the implementation of the Plan. Both approaches are required to consider the Planning framework prior to advising decision makers on proposed investments.

Capital Investment Submission

The Infrastructure Investment Plan, once approved, establishes the investment pipeline for health infrastructure. The progression of individual investments into the next stage of the project delivery framework is dependent on two processes:

- Approval to initiate the project – where governance or management (as appropriate by delegation) approve the commencement of a project with the allocated resources to develop the business case for the investment.
- The submission for funding – where the project is allocated capital funds for the delivery of the proposed investment. For crown entity funding, provided usually through the Health Capital Envelope, this requires a submission to Treasury for Ministerial consideration as part of the Budget process. For internal capital funding, this is through submission to the Finance led capital budget process.

The sequencing of the approval to initiate and submission for funding are not set – either can proceed first. However, for major projects these processes are required to be coordinated nationally by the Investment Planning function, to ensure alignment with the Investment Plan.

The health infrastructure system is shifting to undertaking a greater level of planning prior to the request for funding. The Infrastructure Planning Framework provides a more robust planning documentation for consideration of planning. Further analysis can also be undertaken through the development of the business case and its assessment of options. In most cases, approval to initiate and the initial development of option assessment through the business case process will proceed the capital submission step.

Key Planning Documents

This section provides guidance to the key planning documents required appropriate to different project categories. This will ensure national consistency in infrastructure planning practice and provide enhanced confidence for decision making.

Projects are categorised based on their potential impact on the direction of the future health service planning or the potential impact for the future development of current sites. Consideration has been given to minimise any regrettable spend while minimising planning requirements for key tactical infrastructure works.

The following table outlines the required planning documentation for each project category.

Table 10: Project Category Planning Documentation Requirement

Project Category	A	B	C	D	E
	Required for all projects as a minimum, including:	Required when results in:	Required when results in:	Required when results in:	Required when results in:
Project type	Any refurbishment of a single unit without changing total points of care or external building footprint and/or Major equipment replacement and/or Maintenance excluding small scale repairs	The unit points of care change by 25% or less than 25% and 5 or less than 5 in total **	Expansion of non-clinical Building and/or New build of non-clinical Building and/or Work impacting site infrastructure	Expansion of Building containing a single clinical function and/or Service point of care change by more than 25% or more than 5 in total	Refurbishment / upgrade involving >multiple services and/or Introduction of a new service and/or change to model of care for a regional service and/or New build of Building containing a clinical function
Planning Document required (Y)					
Fitness for Purpose	Y	Y	Y	Y	Y
Asset Management Plan	Y	Y	Y	Y	Y
Future Facility Profile	N	Y	Y	Y	Y
Masterplan	N	N	Y	Y	Y
Network Plan	N	N	N	Y	Y
Network Spatial Plan	N	N	N	N	Y
Data & Digital Blueprint	N	N	N	N	Y*
Decision maker judgement may influence planning document requirement					

* Data and Digital Blueprint is to be decided on project-by-project basis

*** The initial number of existing PoC of the unit affected changes by less than 5 PoC or proportionally less than 25% whichever is the smallest.*

Example 1: Refurbishment of an Outpatient Department including conversion of some of the waiting area into 4 new consult rooms, yielding a total of 28 consult rooms. The Outpatient Department originally had 24 consult rooms and is planning to add 4 more. Because these 4 new consult rooms result in a change of less 25% of the original number (25% of 24 = 6) and is less than the upper limit of change of 5 PoC, the project falls under category B.

Example 2: Refurbishment of an Outpatients Department including the conversion of some of the waiting area into 8 new consult rooms, resulting in a total of 48 consult rooms. The Outpatients Department originally had 40 consult rooms and is adding 8 more. The increase to consult rooms result in a change of less 25% of the original number (25% of 40 = 10) but is over the upper limit of change of 5 PoC, so the project falls under category D.

Example 3: Hospital site water main renewal programme. The project affects site infrastructure, so therefore falls under category C.

Infrastructure planning will be based in a strong collaborative process between IIG and HSS that is approached in partnership with Aka Whai Ora, and it will require some time to reach a full mature state. In addition, at any time, some planning documents may not exist or may be outdated so to allow projects to proceed this Framework defines alternatives to key planning documents in Table 11 below. Decision maker judgement may influence planning document requirement in collaboration with local personnel.

Table 11: Approach in absence of a Key Planning Document

Planning Document	Minimum acceptable alternative or approach
Fitness for Purpose	<ul style="list-style-type: none"> ▪ No alternative documentation ▪ Baseline data to be established (Building Condition & Functionality)
Asset Management Plan	<ul style="list-style-type: none"> ▪ Fitness for Purpose assessment
Future Facility Profile (Formerly CSP)	<ul style="list-style-type: none"> ▪ Point of care demand for project impacted services (completed by HSS) ▪ Future Model of Care for project impacted services (completed by HSS)
Masterplan	<ul style="list-style-type: none"> ▪ No alternative documentation
Network Plan	<ul style="list-style-type: none"> ▪ No alternative documentation ▪ HSS will provide the facility role and scope within the network
Network Spatial Plan	<ul style="list-style-type: none"> ▪ No alternative documentation ▪ IIG will confirm projects aligns with facility development across the Network
Data & Digital Blueprint	<ul style="list-style-type: none"> ▪ No alternative documentation

The decision to proceed with the development of an investment in the absence of any planning documentation is a governance decision given the need to balance the risks of proceeding without the requirement inputs and the risks of not proceeding with an investment that has been identified as a requirement.

The approval to initiate process does provide a decision gate for governance to determine whether an investment should proceed into the business case development with the appropriate mitigations for any missing planning documentation.

Roles and Responsibilities

Clarity of the roles and responsibilities for health infrastructure planning assists to streamline the processes, minimise confusion, enhance accountability, and fosters collaboration among stakeholders. RASCI is a popular framework used to define roles and responsibilities within an organisation or project. The acronym that stands for Responsible, Accountable, Supportive, Consulted, and Informed. For the purposes of key infrastructure planning documentation, the following RASCI roles and responsibilities apply:

- Responsible (R) – Responsible for undertaking planning or assessment process, document development and stakeholder engagement.
- Accountable (A) – Accountable for the success of planning and assessment process and document development.
- Support (S) – Supports planning or assessment process and may assist with stakeholder coordination and document development.
- Consulted (C) – Consulted for their expertise and advice to inform planning or assessment process.
- Informed (I) – Will be updated on decisions and outcomes of planning or assessment process.

The table on the next page outlines the distribution of those roles and responsibilities among the different stakeholders for each one of the documents required for health infrastructure planning.

As it can be appreciated in the table, the planning process will require a solid collaboration between IIG and HSS in partnership with Te Aka Whai Ora.

Table 12: Health Infrastructure Planning Framework Roles and Responsibilities

Team		IIG Head of Infrastructure Planning and Investment	IIG Health Facility Planning	IIG Head of Infrastructure Asset Management	IIG Infrastructure and Investment Planning	IIG Facility Design, Advisory and Assurance	IIG Regional Team Lead	HSS Director of Strategy, Performance and Purchasing	HSS Service Planning	HSS Regional Team Lead	Te Aka Whai Ora	Commissioning	Data & Digital Team	Workforce Planning
Planning Document	Asset Management Plan	C	C	A	C	C	R	I	I	I	I*	I	I	-
	Fitness for Purpose	A	R	S	C	S	S	S	S	S	S*	I	I	I
	Future Facility Profile	I	S	I	I	I	S	A	R	C	S*	C	C	I
	Masterplan	A	S	C	R	C	S	C	C	C	S*	I	I	I
	Network Plan	I	C	I	I	I	C	A	R	S	S*	S	C	C
	Network Spatial Plan	A	C	I	R	C	S	C	C	C	S*	I	I	I
	Data & Digital Blueprint	I	C	I	I	C	C	A	S	C	C*	S	R	I

* Roles and responsibilities to be confirmed with Te Aka Whai Ora following the full development of a Framework of engagement with iwi, IMPB and mana whenua

Appendix A: References

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- ⁱ Te Whatu Ora – Health New Zealand. 2023. *Draft Infrastructure and Investment Plan*. Wellington: Te Whatu Ora – Health New Zealand.
- ⁱⁱ Te Whatu Ora – Health New Zealand. 2023. *Design Guidance and Assurance Framework v1.3*. Wellington: Te Whatu Ora – Health New Zealand.
- ⁱⁱⁱ Te Whatu Ora – Health New Zealand. 2022. *Te Pae Tata. Interim New Zealand Health Plan*. Wellington: Te Whatu Ora – Health New Zealand.
- ^{iv} Ministry of Health. 2022. *Interim Government Policy Statement on Health 2022-2024*. Wellington: Ministry of Health.
- ^v Te Whatu Ora – Health New Zealand. 2022. *National Digital Facilities Framework (for Major Facility Redevelopments and New Health Facility Programmes)*. Wellington: Te Whatu Ora – Health New Zealand.