

# Design and documentation stage

## Department of Health Standard

QH-IMP-374-4:2023

### 1. Statement

The management of a capital infrastructure project undertaken by the Department of Health requires the establishment of a project environment which includes the completion of the full design for the new infrastructure and documentation required for construction to ensure each stage of a project is in accordance with legislation, whole-of-government policy, and the principles of business, planning and project management.

### 2. Scope

This standard applies to all employees, contractors and consultants within the Department of Health divisions and business units.

This standard may be adopted, re-branded, for use by Hospital and Health Services or statutory bodies.

### 3. Requirements

#### 3.1. Criteria for design and documentation stage

3.1.1. During the design and documentation stage, the Project Director shall oversee the completion of:

- 3.1.1.1. a Schematic Design Report
- 3.1.1.2. a Developed Design Report
- 3.1.1.3. contract documentation
- 3.1.1.4. planning approval to develop the site for a capital infrastructure project
- 3.1.1.5. the Building Performance Evaluation Mid-Project Evaluation Sheet at project hold points.

3.1.2. Throughout the design and documentation stage the Project Director shall ensure continued governance of the project through:

- 3.1.2.1. the Project Steering Committee, with user representatives of the new or redeveloped space informing the design development and review for that space
- 3.1.2.2. review and implementation of the established Community Engagement Plan



- 3.1.2.3. review and monitoring of the established Risk Management Register with strategies to reduce, mitigate and/or manage project risks
  - 3.1.2.4. review and implementation of the established Change Management Plan
  - 3.1.2.5. the application of quality management activities, utilising tools and strategies that demonstrate and facilitate achievement of defined objectives, standards, codes and legislation, e.g., Capital Infrastructure Requirements, Engineering Review, Design Review.
- 3.1.3. The project business case will be finalised by the business area with contribution from the Capital Infrastructure Delivery Project Team, following completion of a Schematic Design Report.
- 3.1.4. The Project Director shall update the Capital Project Implementation Plan at each stage (i.e., Schematic Design, Developed Design and Contract Documentation), with documentation of further detail around planned strategies. The updated Capital Project Implementation Plan shall be endorsed by the Project Steering Committee and approved by the relevant Chief Executive Hospital and Health Service or delegate and Executive Director Infrastructure Delivery, Health Capital Division.
- 3.1.5. The Project Director shall seek endorsement of the Schematic Design Report and Developed Design Report from the Project Steering Committee and approval from, at a minimum, the relevant Chief Executive Hospital and Health Service, and the Deputy-Director General Health Capital Division.

## 3.2. Schematic Design Report

The project Director shall ensure a Schematic Design Report is prepared that translates the Project Definition Plan into floor plans and elevations. The architectural and engineering standards and scope components shall be incorporated into the design to achieve the intent of the project definition plan.

- 3.2.1. The Project Director shall ensure that, at a minimum, the Schematic Design Report includes:
- 3.2.1.1. floor plans and elevations, plus staging plans
  - 3.2.1.2. demonstrated compliance with building regulations and policy requirements
  - 3.2.1.3. schedule of furniture, fittings, and equipment requirements
  - 3.2.1.4. communication and infrastructure requirements including logical design report and associated bill of materials, technical assurance approval, delivery program and cost estimate, a register of departures including rationale from the Health Facility Guidelines spatial requirements

- 3.2.1.5. completion of Capital Infrastructure Requirements Schematic Design checklists with a register of departures including rationale from the Capital Infrastructure Requirements
  - 3.2.1.6. a register of assumptions underlying the Schematic Design Report, plus inclusion of their cost in the cost estimate
  - 3.2.1.7. summary of main risks from the Project Risk Register
  - 3.2.1.8. program, scope and cost estimate alignment with government objectives and benefits identified for the project
  - 3.2.1.9. land and site planning requirements including development approval
  - 3.2.1.10. completed Building Performance Evaluation Mid-Project Evaluation sheet
- 3.2.2. The Project Director shall ensure that a design review and an engineering review are undertaken to demonstrate:
- 3.2.2.1. alignment with Capital Infrastructure Requirements including the design and performance requirements, as outlined in the Functional Design Brief in the project definition plan report
  - 3.2.2.2. compliance with the architectural and engineering requirements through the utilisation of the Schematic Design checklists in the Capital Infrastructure Requirements
  - 3.2.2.3. alignment with project objectives including scope, budget, and timeframe
  - 3.2.2.4. analysis of options for design and engineering services to ensure value-for-money for the project and during lifecycle of the infrastructure.

### 3.3. Developed Design Report

- 3.3.1. The Project Director shall ensure the Developed Design Report builds on the Schematic Design with more detailed site plans, floor plans, ceiling plans, elevations, room details (Room Data Sheets) and engineering plans.
- 3.3.2. The Project Director shall ensure that, as a minimum, the Developed Design Report includes:
- 3.3.2.1. site plans identifying the site development and staging; civil works and landscaping; floor plans; ceiling plans; sections and elevations; and room layouts, identifying equipment and furniture, materials and finishes, construction details, layouts for mechanical, electrical, communications, hydraulic and fire services
  - 3.3.2.2. communication and infrastructure requirements including physical logical design report and associated bill of materials, technical

- assurance approval, delivery program, procurement program and cost estimate
  - 3.3.2.3. a single prioritised and categorised data set of furniture, fittings, and equipment deliverables for each room with quantity and cost
  - 3.3.2.4. completion of Capital Infrastructure Requirements Developed Design checklists with a register of departures including rationale from the Capital Infrastructure Requirements
  - 3.3.2.5. a register of assumptions underlying the Developed Design Report, plus inclusion of their cost in the cost estimate
  - 3.3.2.6. demonstrated compliance with building regulations and policy requirements
  - 3.3.2.7. a documented strategy for commissioning
  - 3.3.2.8. summary of main risks from the Project Risk Register
  - 3.3.2.9. program, scope and cost estimate alignment with government objectives and benefits identified for the project.
- 3.3.3. The Project Director shall ensure a design review and an engineering review are undertaken to demonstrate:
- 3.3.3.1. analysis of options for design and engineering services including value-for-money, including for lifecycle management
  - 3.3.3.2. compliance with building regulations
  - 3.3.3.3. functionality for the purpose
  - 3.3.3.4. alignment with project objectives including scope, budget, and timeframe
  - 3.3.3.5. compliance with the architectural and engineering requirements through utilisation of the Developed Design checklists in the Capital Infrastructure Requirements.
- 3.3.4. The relevant Chief Executive Hospital and Health Service or delegate should, during the Developed Design stage, commence activities to prepare for the commissioning process. Refer commissioning and finalisation standard.
- 3.3.5. The Project Director shall update the Capital Project Implementation Plan to include, at a minimum, the strategy to manage design changes during the Developed Design Stage.

## 3.4. Contract Documentation

- 3.4.1. The Project Director shall ensure that, at a minimum, the Contract Documentation includes:
- 3.4.1.1. a complete set of drawings and specifications required to define and build the facility, as outlined in the Developed Design Report

3.4.1.2. a cost estimate

3.4.1.3. written confirmation by the Project Manager, Procurement Manager and Principal Consultant that the required contract documentation for the tender process is current and complete, plus compliance with the Capital Infrastructure Requirements.

3.4.2. The relevant Chief Executive Hospital and Health Service, and the DDG shall approve the pre-tender documentation. The Information and Communication Technology Project Manager shall arrange completion of documented specifications.

## 4. Human rights

Human rights are not engaged by this standard.

## 5. Legislation

- *Financial Accountability Act 2009*
- Financial and Performance Management Standard 2019

## 6. Supporting documents

- FMPM 7.18 - Purchasing and procurement policy
- FMPM 7.2 - Expenditure delegations of authority policy
- FMPM 7.2.1 - Exercising expenditure delegations standard
- FMPM 7.3 - Approvals of project and expenditure policy
- FMPM 7.3.1 - Requirement to obtain legal advice standard
- FMPM 8.32 - Capital funding policy
- Capital infrastructure programs and projects policy
- Capital infrastructure project delivery standard
- Capital infrastructure requirements
- Commissioning and finalisation standard
- Construction stage standard
- Expenditure delegations
- Health facility guidelines
- Procurement management standard
- Project definition plan stage standard

- Project initiation standard

## 7. Definitions

Term	Definition
Building performance evaluation	BPE supports benefits management and realisation for capital projects. This methodology facilitates comprehensive evaluation of design and performance outcomes throughout the process of planning and delivery of capital infrastructure to ensure benefits outlined in the business case are enabled and realised.
Business	The business is the relevant Hospital and Health Service or Division.
Business case	A business case provides a substantiated argument for the proposed project and includes analysis and justification for the scope and delivery options to provide best value for the funds requested.
Business change owner	The business change owner (generally the relevant Chief Executive, Hospital and Health Service) is accountable for the business change by providing strategic leadership to ensure the product is capable and the organisation is ready to enable/deliver the business change.
Queensland Government Building Policy Framework	The QGBPF is the Queensland government's key policy for managing risks in the planning and delivery of government building projects. It identifies the major risk areas and sets out the steps that must be taken to manage those risks. The QGBPF gives effect to the whole-of-government prequalification system for building industry consultants and contractors seeking to undertake government building projects.
Functional design brief	The functional design brief includes: <ul style="list-style-type: none"> <li>• description of the models for clinical and operational service delivery</li> <li>• summary of the functional space requirements defined at the completion of health service and infrastructure planning</li> <li>• specific design and performance information which relates to the project site and building requirements.</li> </ul>
Governance	The functions, responsibilities, processes, and procedures that define how a program/project is set up, managed, and controlled.
Governance and management of capital infrastructure program and projects policy	The intent of the policy is to establish a consistent statewide approach to all health service planning and capital infrastructure program/projects.

Term	Definition
Higher authority	The higher authority has the authority to make final approval on project change requests within delegations and provide decision making for high-risk areas for the program or project. This position is appointed by the senior responsible owner and may be the same as the Executive.
Major capital works	<p>Major capital works are capital works that:</p> <ul style="list-style-type: none"> <li>• are structural works of a building</li> <li>• involve alterations to the building envelope</li> <li>• result in additional recurrent operational expenditure</li> <li>• result in the need for regulatory compliance certification of the building structure or with building service standards, including building and information technology standards.</li> </ul>
Procurement strategy	<p>Process used to take a building project from its early planning phases to completion and occupation by the building's users. The responsibilities during the project delivery stages for the external contracted services will vary according to the procurement strategy. Procurement options include:</p> <ul style="list-style-type: none"> <li>• traditional fully documented – lump sum</li> <li>• design and construct – lump sum</li> <li>• managing contractor – design and construction management</li> <li>• alliance</li> <li>• bundling</li> <li>• Public Private Partnership (identified during planning phase).</li> </ul>

## 8. Approval and implementation

Policy Custodian	Policy Contact Details	Approval Date	Approver
Executive Director, Operations, Health Capital Division	<a href="mailto:HCDDDG@health.qld.gov.au">HCDDDG@health.qld.gov.au</a>	10 July 2023	Priscilla Radice, Deputy Director-General, Health Capital Division

## Version control

Version	Date	Comments
1.0	20 June 2012	New implementation standard
2.0	5 May 2015	Policy Rationalisation Project review
3.0	10 July 2023	Reviewed and updated following QAO's Performance Audit Report 17 May 2022 – 'Contract management for new infrastructure' Report 16: 2021-22 (Recommendation 11).