

## Australasian Health Facility Guidelines Variation Process

**Summary** This Policy Directive outlines the process for documentation and endorsement of project specific variations to AusHFG

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**Applies to** Ministry of Health, Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

**Distributed to** Ministry of Health, Public Health System, NSW Ambulance Service

**Audience** Area Executive, Asset Management, Capital Works

## AUSTRALASIAN HEALTH FACILITY GUIDELINES VARIATIONS PROCESS

### PURPOSE

It is NSW Health policy that the components contained in the Australasian Health Facility Guidelines (AusHFG) are used to inform the planning and design of new and refurbished facilities. NSW Health GL2018\_024 *Australasian Health Facility Guidelines – Use in NSW* describes how the AusHFG are to be applied to capital developments in NSW.

This Policy details the process for:

- identifying where NSW capital projects deviate or vary from the AusHFG (these deviations are known as variations);
- classifying the variation as minor, major or material; and
- submitting a variation request and the associated governance arrangements.

### MANDATORY REQUIREMENTS

The NSW Health Facility Guidelines Variations Process is to be followed for project specific changes to the AusHFG. Clearly documented justification and appropriate sign off consistent with individual project governance arrangements are required.

A variation is described as:

- a change in the square metres allocated to a room;
- a change to the engineering services;
- a change to fittings, fixtures, furniture and/or joinery; and/or
- a change to the circulation or travel and engineering (T&E) allocation.

Variations are categorised as minor, major and material.

A **minor variation** is considered to be a change to the area or fit-out that does not affect the intended clinical and/or operational function of the room. These changes might include:

- relocation or substitution of furniture/ fixtures within a standard component; and
- spatial variations to a standard component of less than 10%.

A **major variation** to the AusHFG is considered to be a change that does affect the intended clinical and/or operational function of the room or related functional spaces. These changes include:

- introduction of an additional room/area not specified in the relevant AusHFG Health Planning Unit (HPU);

- removal of a room/area specified in the relevant AusHFG Health Planning Unit;
- spatial variations of more than 10% in comparison to the relevant recommended AusHFG room size;
- inclusion of an additional major FFE item or engineering service not specified on the Room Data Sheet (RDS) for a standard component;
- exclusion of any major FFE item or engineering service not specified as optional on the Room Data Sheet (RDS) for a standard component; and
- non-conformance with a key recommendation of the AusHFG in relation to access, safety, security and infection prevention and control.

A **material deviation** is a variation that has an impact on the budget, service scope and/or program, or is likely to impact on the guidelines and/or is applicable to other projects (i.e. not project specific).

Variations relating to the briefed allocation or measured design area of intra-departmental **circulation or travel and engineering (T&E)**, in comparison to the recommended allowances included in the AusHFG (Part C), should be managed at the project level. The Planning & Development Committee (PDC) or Project Control Group (PCG) is responsible for the endorsement of any proposed variations to briefed allowances and for advising corrective actions for deviations in the design from the briefed allowance.

## IMPLEMENTATION

The process for submitting AusHFG variation requests in NSW is detailed in Figure 1 of Attachment 1: Procedures. The 'Request Form for Major/Material Variation to the AusHFG' can be found in Appendix 1 of Attachment 1: Procedures.

Variation requests should be submitted as early as possible during the planning and design process, ideally in parallel with development of the business case, so that the outcomes of the variation request, including any impact on scope, capital and recurrent cost and program, can be incorporated.

## REVISION HISTORY

Version	Approved by	Amendment notes
October-2019 (PD2019_051)	Deputy Secretary	Update to the AusHFG variation request form (Attachment 1) to support a more efficient completion and review process.
November 2018 (PD2018_041)	Deputy Secretary	Updates to the governance arrangements and terminology associated with the AusHFG and NSW Health Process of Facility Planning.
June 2009 (PD2009_035)	Deputy Director – General Health System Support	New Policy

## ATTACHMENTS

1. Australasian Health Facility Guidelines Variations Process: Procedures

**Australasian Health Facility Guidelines Variations  
Process**



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**Issue date:** October-2019

PD2019\_051

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## **1 BACKGROUND**

It is NSW Health policy that the components contained in the Australasian Health Facility Guidelines (AusHFG) are used to inform the planning and design of new and refurbished facilities. NSW Health GL2018\_024 *Australasian Health Facility Guidelines – Use in NSW* describes how the AusHFG are to be applied to capital developments in NSW.

This Policy details the process for:

- identifying where NSW capital projects deviate or vary from the AusHFG (these deviations are known as variations);
- classifying the variation as minor, major or material; and
- submitting a variation request and the associated governance arrangements.

## **2 DEFINING VARIATIONS**

As the planning and design process progresses for new or refurbished facilities, requirements may vary from those detailed within the AusHFG. This is referred to as a variation.

A variation is described as:

- a change in the square metres allocated to a room;
- a change to the engineering services;
- a change to fittings, fixtures, furniture and/or joinery; and/or
- a change to the circulation or travel and engineering (T&E) allocation.

Variations are categorised as minor, major and material.

A **minor variation** is considered to be a change to the area or fit-out that does not affect the intended clinical and/or operational function of the room. These changes might include:

- relocation or substitution of furniture/ fixtures within a standard component; and
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A **major variation** to the AusHFG is considered to be a change that does affect the intended clinical and/or operational function of the room or related functional spaces. These changes include:

- introduction of an additional room/area not specified in the relevant AusHFG Health Planning Unit (HPU);
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- exclusion of any major FFE item or engineering service not specified as optional on the Room Data Sheet (RDS) for a standard component; and
- non-conformance with a key recommendation of the AusHFG in relation to access, safety, security and infection prevention and control.

A **material deviation** is a variation that has an impact on the budget, service scope and/or program, or is likely to impact on the guidelines and/or is applicable to other projects (i.e. not project specific).

Variations relating to the briefed allocation or measured design area of intra-departmental **circulation or travel and engineering (T&E)**, in comparison to the recommended allowances included in the AusHFG (Part C), should be managed at the project level. The Planning & Development Committee (PDC) or Project Control Group (PCG) is responsible for the endorsement of any proposed variations to briefed allowances and for advising corrective actions for deviations in the design from the briefed allowance.

**Not all design changes are variations.** The following changes do not need to be noted as AusHFG variations:

- The inclusion of a room or item noted as optional in the AusHFG (e.g. optional WC, optional chair, optional gas outlet), subject to its inclusion being appropriate to the service level of the facility.
- The inclusion of engineering items not typically identified in the AusHFG standard components (e.g. thermostatic mixing valves, thermostats, backflow prevention devices etc.).
- Scaling of rooms where a room allowance is provided in the AusHFG, e.g. sizing of a sterile stock room in an Operating Unit based on the 'per Operating Room' allowance for these spaces in the AusHFG.
- Deletion of a room that the AusHFG notes can be shared with an adjacent department or unit (however this action should be documented in the project's Schedule of Accommodation against the room that is retained).
- Area deviations and minor layout changes resulting from the constraints of existing space within a refurbishment, unless these have an impact on the clinical functionality of a room.
- Changes to reflect AusHFG updates published prior to the end of the project's Schematic Development (Final Business Case) phase.
- Changes made as a result of NSW Health policy, to include Health Infrastructure standards, policies, guidelines and Design Guidance Notes, albeit the policy source should be noted in the project documentation.
- Changes made to enable compliance with the National Construction Code and relevant ISO or Australian/ New Zealand Standards.

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### **3 PROCESS FOR SUBMITTING A VARIATION**

The table below describes the process to be followed for submitting AusHFG variation requests in NSW. The process is summarised in Figure 1 and the 'Request Form for Major/ Material Variation to the AusHFG' can be found at Attachment 1.

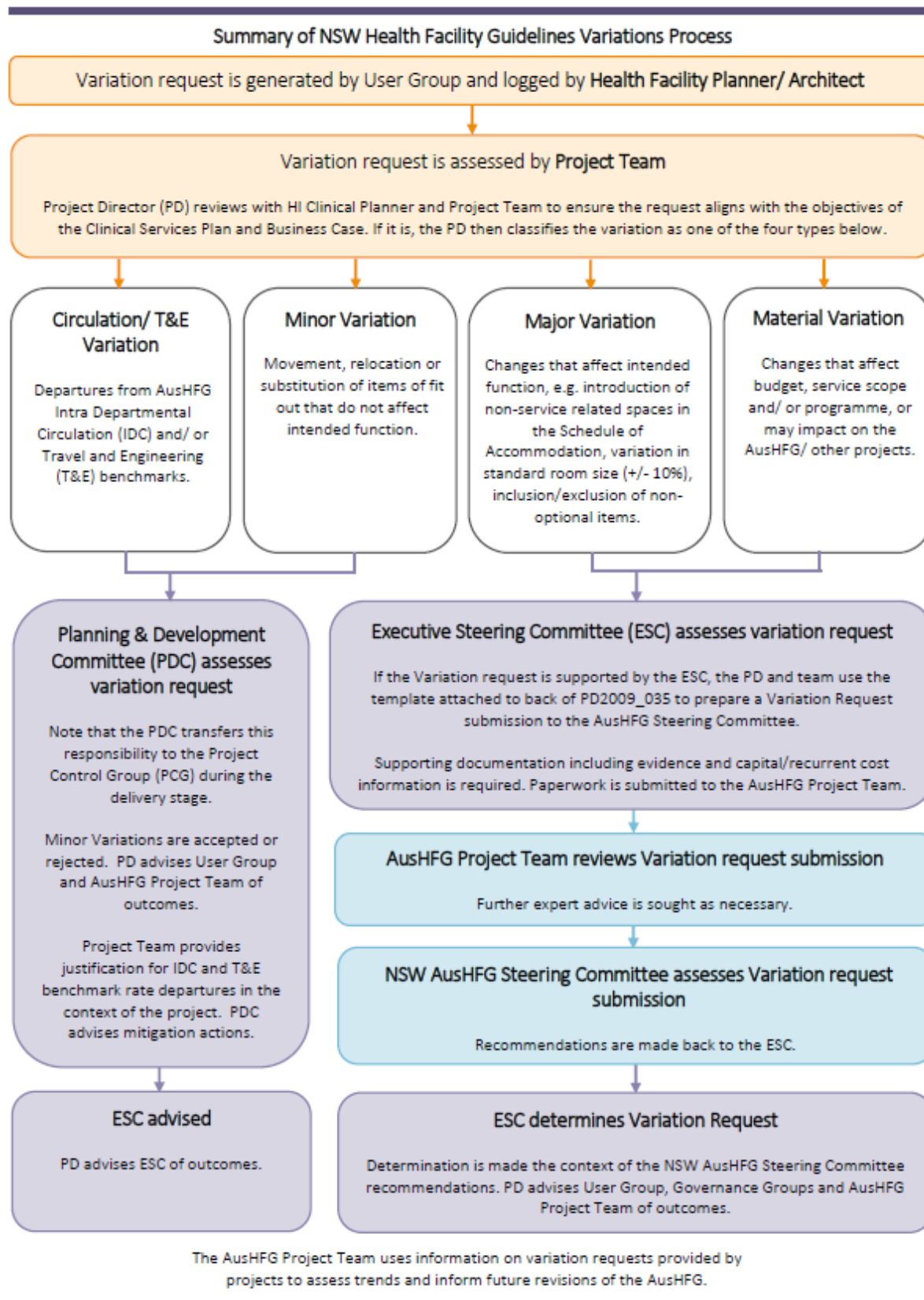
Variation requests should be submitted as early as possible during the planning and design process, ideally in parallel with development of the business case, so that the outcomes of the variation request, including any impact on scope, capital and recurrent cost and program, can be incorporated.



**Table 1: Process for Submitting a Variation**

<b>Process</b>	<b>Description</b>
Request for variation is generated	The variation request should be logged by the Health Facility Planner or Architect.
Verify that the variation is aligned with the CSP, approved models of care and Business Case	The Health Infrastructure Project Director should ensure that the request is evidence based and is aligned with the objectives of the Clinical Services Plan (CSP), approved models of care and Business Case before proceeding with the steps below.
Identify the type of variation request and associated review and endorsement process	<p>Minor variations and all variations relating to circulation and travel and engineering are to be approved by the Planning &amp; Development Committee (PDC) or Project Control Group (PCG).</p> <p>The Executive Steering Committee, User Group and AusHFG Project Team is to be advised of the outcome by the Project Director/Manager.</p> <p>Major/material variation requests require review by the Executive Steering Committee (ESC). If the ESC supports the variation request the Project Team are required to complete the attached variation request template for submission to the AusHFG Steering Committee. The request must include a clear justification for the variation based on clinical and/or operational drivers, and assessment of capital and recurrent cost implications.</p>
Assess variation for project specificity, impact on budget, service scope and/or program	<p>The completed major/material variation request is to be submitted by the Project Director/ Project Manager to the AusHFG Project Team. The AusHFG Project Team will assess the variation and if, after further analysis, the variation is deemed to be minor, the Team will refer the variation back to the Executive Steering Committee for approval.</p> <p>If the AusHFG Project Team assess that the variation request has implications for the relevant AusHFG, an impact on budget, service scope or program, the request will be forwarded to the NSW AusHFG Steering Committee for consideration. The AusHFG Project Team may request additional supporting information from external experts (e.g. infection prevention and control, work health and safety).</p> <p>Variation requests should be submitted as early as possible. Response by the AusHFG Steering Committee may take up to two months.</p>
Variation review by NSW AusHFG Steering Committee	The NSW AusHFG Steering Committee will review the variation and provide recommendations back to the ESC via the relevant Project Director.
Final review and direction by the Executive Steering Committee	<p>The ESC will formally approve or reject the variation request following consideration of the NSW AusHFG Steering Committee's recommendations.</p> <p>The Project Director will then advise the User Group, other relevant governance committees and the AusHFG Project Team of the outcome.</p>
Monitor variations and advise NSW AusHFG Steering Committee and AHIA of trends	<p>The AusHFG Project Team will monitor all variations occurring within NSW and monitor trends. The AusHFG Project Team will provide advice to the AusHFG Steering Committee and the Australasian Health Infrastructure Alliance (AHIA) regarding a submission to consider a change to the relevant guideline or standard component when it is next updated.</p> <p>Variations affecting safety in design will be considered by the AusHFG Project Team as a matter of urgency.</p>

**Figure 1: NSW Health AusHFG Variation Process**



## 4 ATTACHMENT 1

### Request for AusHFG Major/Material Variation

#### Project and AusHFG Variation Details

Local Health District / Specialty Network:

Project Name:

Project Status:

Proposed Major / Material AusHFG Variation:

Variation applicability: *(please tick)*

- This project only
- For all health projects (i.e. proposed amendment to AusHFG)

#### ESC Review

ESC date of review:

The ESC is supportive of the proposed variation and has requested review by:

- NSW AusHFG Steering Committee:** note the Committee comprises representatives from NSW Ministry of Health - Strategic Reform and Planning Branch; Agency for Clinical Innovation (ACI); Clinical Excellence Commission (CEC); Local Health District representatives; NSW Health Infrastructure and the AusHFG Project Team.
- NSW Ministry of Health** only, where the variation relates to a proposed change to the model of care and requires expert clinical advice to resolve.

#### Check List of Information Provided

Prior to submission please confirm that the following information is included in this variation request:

- Rationale for change** (i.e. the clinical, operational, functional and/or financial benefits associated with the proposed AusHFG variation are described and the proposed variation is underpinned by a robust and approved model of care).
- Outcomes of consultation** with relevant clinical, operational and/or technical experts are noted where relevant.
- Capital cost impact**
- Recurrent cost impact**
- Program impact**
- Risk assessment**
- Supporting documents (if any)**

Please complete the following sections or attach a standard NSW Health / LHD / Specialty Network Brief ensuring that the following key items are addressed:

### Principal Reason for Variation / Rationale for Change

*Provide details regarding the benefits to be achieved through the proposed variation including demonstrated alignment with approved models of care and consideration of quality of patient care; safety of patients, staff and community; efficiency of service delivery; functional requirements; and / or quality of facility design.*

### Outcomes of Expert Consultation

*Where relevant include the outcomes of consultation with clinical, operational or other technical experts to support the proposed variation.*

### Capital Cost Impact

*Include the estimated capital cost impact of the proposed variation.*

### Recurrent Cost Impact

*Include the estimated recurrent cost impact of the proposed variation. Impacts on workforce and change management implications should be noted where relevant.*

### Program Impact

*Note any impacts of the proposed variation on the overall project program.*

### Risk Assessment

*Outline any risks associated with the proposed variation and / or risks of not proceeding with the variation.*

### Supporting Documents

*List here any attachments supporting your variation request.*

### Author / Coordinator and Approvals

Author/Coordinator:

Title:

Phone:

Email:

Date:

Approvals:

#### **Project User Group Chair:**

Name:

Signature: \_\_\_\_\_

#### **Project Director:**

Name:

Signature: \_\_\_\_\_

#### **Local Health District / Specialty Network Chief Executive:**

Name:

Signature: \_\_\_\_\_