

## Guideline



### NSW Health Facility Planning Process

**Summary** The Guideline provides a framework for prioritising, planning, delivering and evaluating capital infrastructure across the NSW public health system. Health Organisations are required to use the NSW Health Facility Planning Process Guideline for capital investment projects valued at \$10 million and above.

**Document type** Guideline

**Document number** GL2020\_018

**Publication date** 05 August 2020

**Author branch** Strategic Reform and Planning Branch

**Branch contact** 9424 5706

**Replaces** PD2010\_035

**Review date** 05 August 2025

**Policy manual** Not applicable

**File number** H20/73386

**Status** Rescinded

**Rescinded by** GL2021\_018

**Rescinded date** 28 October 2021

**Functional group** Corporate Administration - Asset Management, Purchasing

**Applies to** Ministry of Health, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, NSW Ambulance Service

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

**Audience** All Chief Executives; Planning and Capital Work Managers



## NSW HEALTH FACILITY PLANNING PROCSS

### GUIDELINE SUMMARY

These Guidelines provide a framework for prioritising, planning, delivering, and evaluating capital infrastructure across the NSW public health system. NSW Health Organisations are required to use these Guidelines for capital investment projects and programs valued at \$10 million and above.

### KEY PRINCIPLES

Realising the investment directions and system-wide objectives set out in the 20-Year Health Infrastructure Strategy requires a new set of principles to change the way NSW Health invests. The following investment principles underpin the Guidelines – reflecting the strategic directions outlined in the 20-Year Health Infrastructure Strategy and aligning with the NSW Health Investment and Prioritisation Framework:

1. Places patient outcomes at the centre;
2. Improves long-term financial sustainability of the system;
3. Enables innovative and transformative ways of delivering health care;
4. Makes better use of assets and considers non-capital options;
5. Considers whole-of-life cycle costs;
6. Takes a whole of portfolio approach;
7. Is adaptive, resilient and environmentally sustainable;
8. Maximises place-based synergies; and
9. Delivers wider economic and community benefits.

NSW Health should use these principles for guidance when prioritising, planning, delivering, and evaluating capital infrastructure across the NSW public health system. Refer to the NSW Health Investment and Prioritisation Framework for further detail on these principles.

In addition, these Guidelines are integrated with NSW Health's priorities, policies and approaches to the efficient allocation and use of health resources.

### USE OF THE GUIDELINE

The Guidelines are to be used by NSW Health for capital investment projects and programs valued at \$10 million and above in the following way. Importantly, the Guidelines introduces a new Stage 0 which is a collaborative process to test and challenge capital investment deliberations:



Stage in the facility planning process:	Use of the Guideline:
Stage 0: Principles, Planning & Prioritisation	To link the investment directions and system-wide objectives set out in the 20-Year Health Infrastructure Strategy and the NSW Health Investment and Prioritisation Framework with the clinical service and asset planning and prioritisation undertaken by Local Health Districts and Specialty Networks and any other Health Organisations  For all proposed capital investments valued at \$10 million and above
Stage 1: Services & Facilities Needs Analysis	To provide a framework for planning, procuring and evaluating capital infrastructure across the NSW public health system
Stage 2: Project Definition	For all approved capital investments valued at \$10 million and above
Stage 3: Implementation	
Stage 4: Evaluation	

Stage 0 (Principles, Planning & Prioritisation) is to identify all possible options to deliver the service outcomes before undertaking detailed considerations of a specific approach or solution. Analysis also needs to consider issues such as, workforce, recurrent costs, information and communications technology, support services, and life cycle maintenance implications.

## REVISION HISTORY

Version	Approved by	Amendment notes
August-2020 GL2020_018	NSW Health, Secretary	Guidelines updated to reflect the contemporary policy environment that better aligns with the changed role of users and health infrastructure requirements
May-2010 (PD2010_035)	Deputy Director-General, Health System Support	Rescinds PD2005_060. Updates the POFPP process by enhancing documentation, simplification and clarification of planning process
January 2005 (PD2005_060)	Director-General	Adopted into the New Policy Distribution System
Circular 93/101	Director General	Facility Planning Manual – New Policy

## ATTACHMENTS

1. NSW Health Facility Planning Process: Guideline

# NSW Health Facility Planning Process

Guidelines for projects valued \$10 million and above

July 2020 – Version 1.0



Health

# Contents

<b>Overview of the process .....</b>	<b>3</b>
The Facility Planning Process .....	4
<b>Key elements of the process .....</b>	<b>6</b>
Key stakeholders to inform the process .....	7
Governance to guide the process .....	10
Roles and responsibilities for key stakeholders during the process .....	12
<b>The detail behind the process .....</b>	<b>13</b>
Stage 0: Principles, Planning & Prioritisation.....	14
Stage 1: Services & Facilities Needs Analysis .....	15
Stage 2: Project Definition .....	16
Stage 3: Implementation .....	17
Stage 4: Evaluation .....	18

The Strategic Reform and Planning Branch, Ministry of Health, is responsible for maintaining these Guidelines. The latest version is available [here](#). The Guidelines are intended to remain user friendly and contemporary overtime. Please raise any questions or feedback to improve the guidelines with the Service and Capital Planning Unit.

# Overview of the process

The Facility Planning Process



# The Facility Planning Process

The Facility Planning Process comprises five interconnected stages aligned with the lifecycle. People’s outcomes and experiences of receiving and providing care in the public health system are at the centre of the process. Each stage is focused on ensuring the capital assets that are delivered are fit for purpose, future focused, and enable high quality and safe care

## STAGE 1: SERVICES & FACILITIES NEEDS ANALYSIS

**Objective:** To robustly analyse a spectrum of options to maximise benefits and improve the efficiency of the health system

**Key Output:** Investment Decision Document

Decision point for capital investment to proceed

## STAGE 0: PRINCIPLES, PLANNING & PRIORITISATION

**Objective:** To identify potential projects aligned with local service needs, system-wide objectives and Government policy using a collaborative approach

**Key Output:** Potential Investment Priorities

## STAGE 2: PROJECT DEFINITION

**Objective:** To develop an evidence base that proves the preferred option best meets the service need and maximises benefits at optimal cost

**Key Output:** Final Business Case

## STAGE 3: IMPLEMENTATION

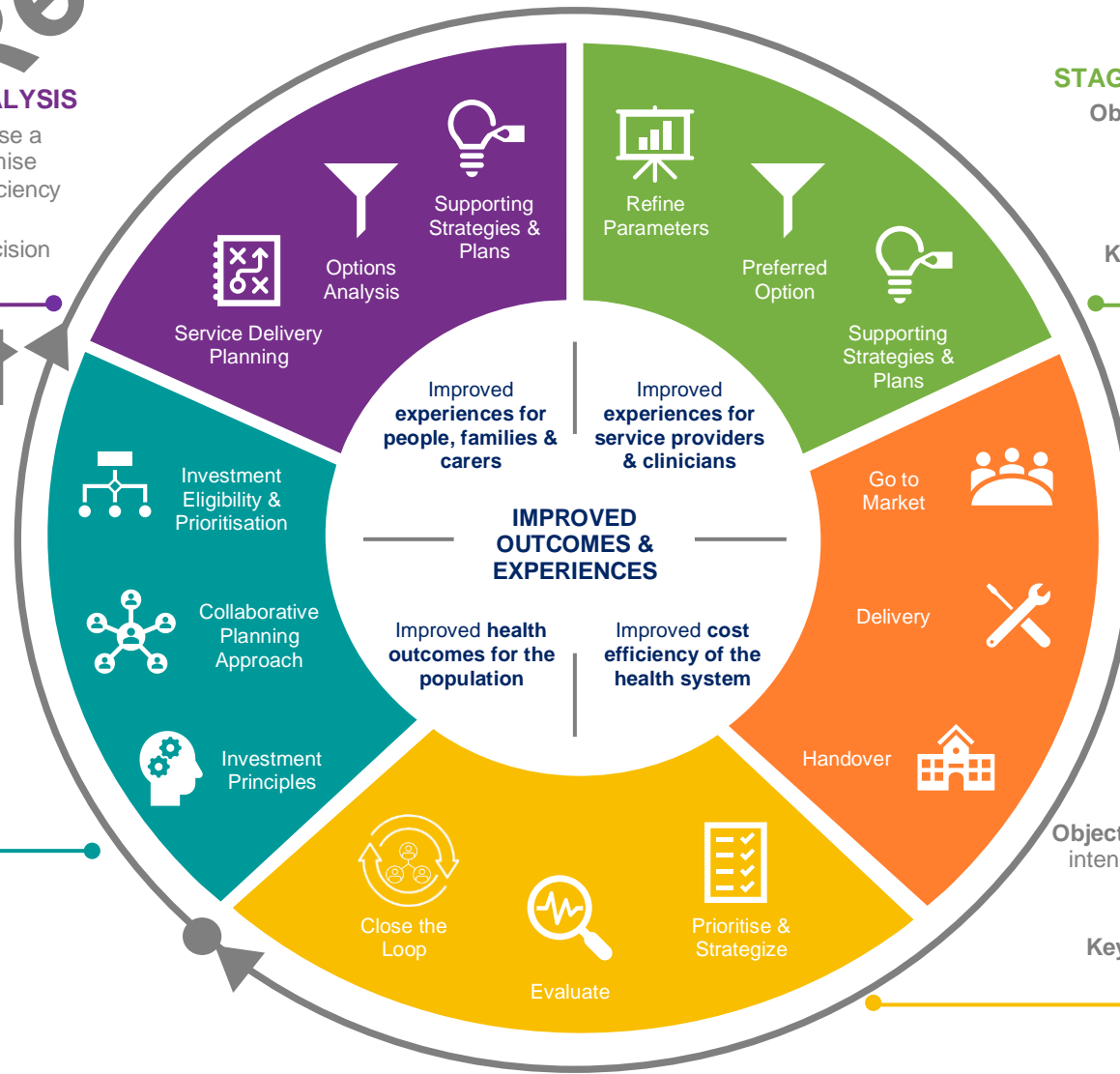
**Objective:** To develop an approach to market and delivery scope that will realise the intended benefits of the project

**Key Output:** Tender Documents and Delivery

## STAGE 4: EVALUATION

**Objective:** To understand how well the intended benefits and outcomes have been realised and what can be learned from the project

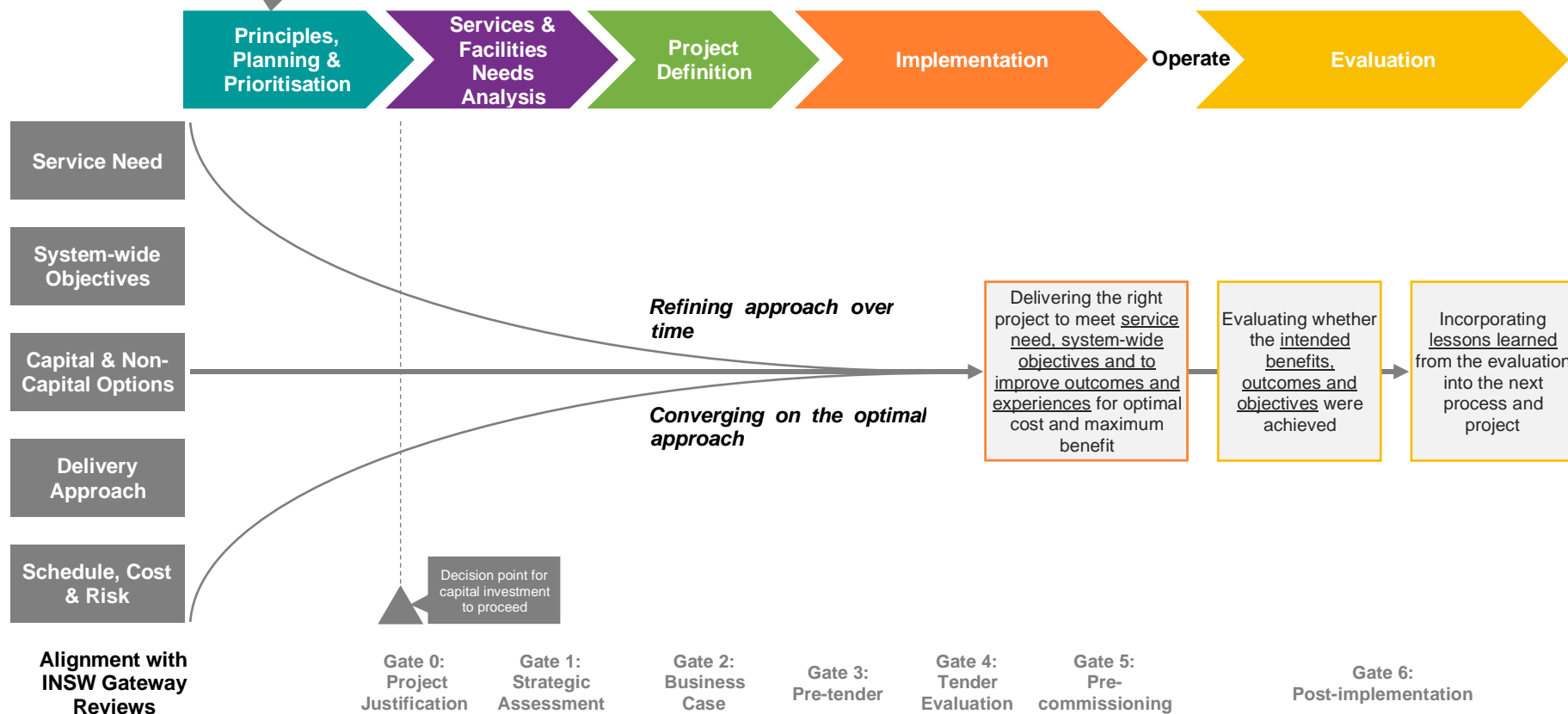
**Key Output:** Evaluation Report and Next Steps for Lessons Learned



**The process is intended to ensure that planning and delivery certainty increases as a project progresses through its lifecycle**

Stakeholders should work collaboratively to refine the approach to meeting the service need, system-wide objectives and improving outcomes and experiences through the lifecycle.

A specific approach or solution should not be proposed until all alternative options to meeting the system-wide objectives and service need have been robustly developed, considered and evaluated (including non-capital solutions). This analysis needs to consider issues such as, workforce, recurrent costs, information and communications technology, support services, and life cycle maintenance implications of various options.



Adapted from guidance for the [NSW Infrastructure Investor Assurance Framework](#) and [NSW Gateway Policy](#) to ensure alignment with NSW Government's policies and approaches to the efficient allocation and use of resources.



# Key elements of the process

**Key stakeholders to inform the process**

**Governance to guide the process**

**Roles and responsibilities for key stakeholders during the process**



## Key stakeholders to inform the process

A collaborative approach through the process is needed to ensure capital investments deliver improved outcomes and experiences and are both responsive to the needs of local communities and aligned to system-wide objectives

This summarised table illustrates how additional stakeholders support Local Health Districts and Specialty Networks in their role as leaders of the planning process within their respective areas, Ministry of Health as system manager, and Health Infrastructure as lead delivery agency for capital investments valued \$10 million and above. Health Organisations have clearly defined roles and responsibilities under the [Health Services Act 1997 \(NSW\)](#) and set out in the [NSW Health Corporate Governance & Accountability Compendium](#).

Stakeholder group	General role and responsibilities	When and how to engage
<b>Patients and family, clinicians, staff, &amp; community</b>		
<b>Users</b>	<p>Engaged to ensure the facility planning process remains person-centric and outcomes focused</p> <p>Acts as representatives of clinicians, other health staff and community to help inform planning, delivery and evaluation considerations</p>	<ul style="list-style-type: none"> <li>Engaged through the Project User Group governance structure throughout the process</li> <li>Setting parameters for input from the Project User Group or selecting members familiar with the process is needed to ensure that the engagement is efficient, effective and impactful for all stakeholders</li> </ul>
<b>NSW Health</b>		
<b>Ministry of Health</b>	<p>Centrally involved as system manager and responsible for capital infrastructure strategy, oversight of planning and delivery on investments needed to optimise both local and system-wide objectives and deliver on the Ministry's outcomes</p> <p>Owner of the policy framework, guidelines and tools for planning, delivering and evaluating health facilities, including the Place-making Framework for precincts</p>	<ul style="list-style-type: none"> <li>As sponsor of health projects in NSW, the Ministry of Health should be involved in all stages of the process to optimise both local and system-wide objectives and deliver on NSW Health's outcomes</li> <li>Include in the Executive Steering Committee governance structure during planning and implementation stage. Chair of the collaborative planning approach in Stage 0</li> </ul>
<b>Local Health Districts &amp; Specialty Networks</b>	<p>Lead the planning process and responsible for planning and delivering health services locally and ensuring capital infrastructure meets the needs of their local community</p> <p>Overlays local knowledge and context to planning, delivery and evaluation processes, including by engaging with and facilitating the involvement of patients and family, clinicians, staff, and community</p>	<ul style="list-style-type: none"> <li>Local Health Districts and Specialist Health Networks are responsible for ensuring the right project is delivered for the community and providing benefits of local knowledge and operator involvement in in each stage of the process. This reflects their responsibility for planning the future development of health services in their areas, including workforce, sustainability and recurrent cost implications</li> <li>Local Health Districts and Specialist Health Networks are to be included in roles in governance structures that reflect their central role in each stage of the process</li> </ul>

Stakeholder group	General role and responsibilities	When and how to engage
<b>NSW Health (continued)</b>		
<b>Shared Services</b>	<b>Health Infrastructure</b> Is lead delivery agency for capital investments valued \$10 million and above Provides specialist advice and leads the planning, procurement, delivery and evaluation for health facility investments valued at \$10 million or greater	<ul style="list-style-type: none"> <li>Health Infrastructure lead stages 1-4 of the process as the delivery arm and work in partnership with a range of stakeholders, including Local Health Districts and Specialty Networks as the client</li> <li>Health Infrastructure participates in the collaborative planning approach in Stage 0</li> </ul>
	<b>eHealth NSW</b> Acts as the specialist technology and digital infrastructure adviser and provider for NSW Health, including any interfaces with Internet of things and technology for equipment and facilities management	<ul style="list-style-type: none"> <li>Include in early planning and optioneering (Stages 0-2) to provide subject matter expertise on technology and digital infrastructure approaches</li> <li>Need to be included in a governance structure where investment in technology or digital infrastructure is material</li> </ul>
	<b>HealthShare NSW</b> Adviser for procurement of high-quality shared services to support the delivery of patient care within the NSW Health system	<ul style="list-style-type: none"> <li>Include in early planning and optioneering (Stages 0-2) to provide subject matter expertise</li> </ul>
<b>Statewide Health Services</b>	NSW Ambulance, NSW Health Pathology, and Health Protection NSW provide specialist statewide services	<ul style="list-style-type: none"> <li>Include in early planning and optioneering (Stages 0-2) to provide subject matter expertise</li> </ul>
<b>Pillars</b>	Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute, Clinical Excellence Commission, and Health Education and Training Institute provide specialist expertise and support	<ul style="list-style-type: none"> <li>Include in early planning and optioneering (Stages 0-2) to provide subject matter expertise</li> </ul>
<b>NSW Agencies</b>		
<b>Treasury</b>	Strategic oversight to ensure resources are used efficiently and provide value for money	<ul style="list-style-type: none"> <li>Provides oversight role for strategically significant and/or potentially contentious projects. Treasury should be notified early in the process (Stages 0-2)</li> </ul>
<b>Premier &amp; Cabinet</b>	Leads the NSW public sector to deliver on the Government's commitments and priorities	<ul style="list-style-type: none"> <li>Plays an oversight role to ensure capital investments are planned, delivered and evaluated in alignment with Government priorities</li> </ul>
<b>Infrastructure NSW</b>	Assurance of projects, including Gateway Reviews and Health Check Reviews	<ul style="list-style-type: none"> <li>In accordance with the risk-based approach of the NSW <a href="#">Infrastructure Investor Assurance Framework</a></li> </ul>

Stakeholder group	General role and responsibilities	When and how to engage
NSW Agencies (continued)		
Planning, Industry, & Environment	Supports delivery of sustainable growth in the areas of planning, land release, urban renewal and environment	<ul style="list-style-type: none"> <li>Engaged in relation to key planning activities; land release, urban renewal and <a href="#">State significant development projects</a></li> </ul>
Others	Transport, Education, Service NSW and Customer Service are specialist agencies	<ul style="list-style-type: none"> <li>Engaged in relation to the agencies' specialist areas, particularly where there is a strong interface with their respective area in the project and/or involves a precinct</li> </ul>
Other		
Non-government contractor(s)	Leads or supports planning, delivery, and evaluation in accordance with contract scope	<ul style="list-style-type: none"> <li>Selected through procurement processes as needed</li> <li>Delivery contractors may be consulted as part of wider market soundings to inform the procurement and commercial approach</li> </ul>

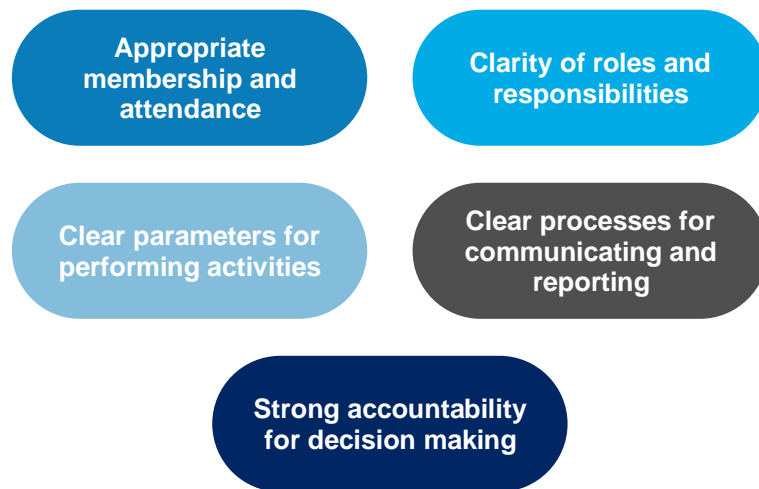
Further guidance on roles and responsibilities is available on pages 12, and 14 - 18.

# Governance to guide the process

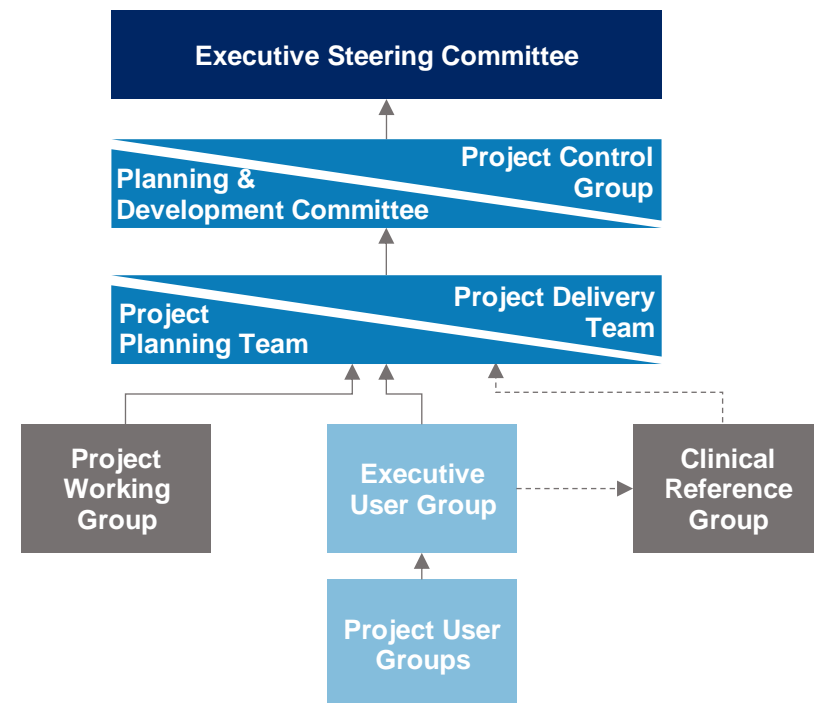
Effective governance throughout the process is critical to realising the intended outcomes and benefits of the project

Governance arrangements and structures should be designed to reflect the unique context of each process. Considering lessons learned from previous processes and the size, risk and complexity of the current process. The approach below relates to Stages 1-3:

Governance should be underpinned by the following principles



Generic planning and delivery structures should be modified to reflect the unique context



Further detail on implementation of governance structures for Stages 1-3 is available in the [Project Governance Arrangements document](#) developed by Health Infrastructure. This includes Terms of Reference templates, Roles and Responsibilities, and a generic Governance Arrangements Membership matrix.

Further detail on the arrangements for Stage 0 is available in the NSW Health State-Wide Investment and Prioritisation Framework.

## Clarity of and accountability for roles and responsibilities is needed to support effective governance

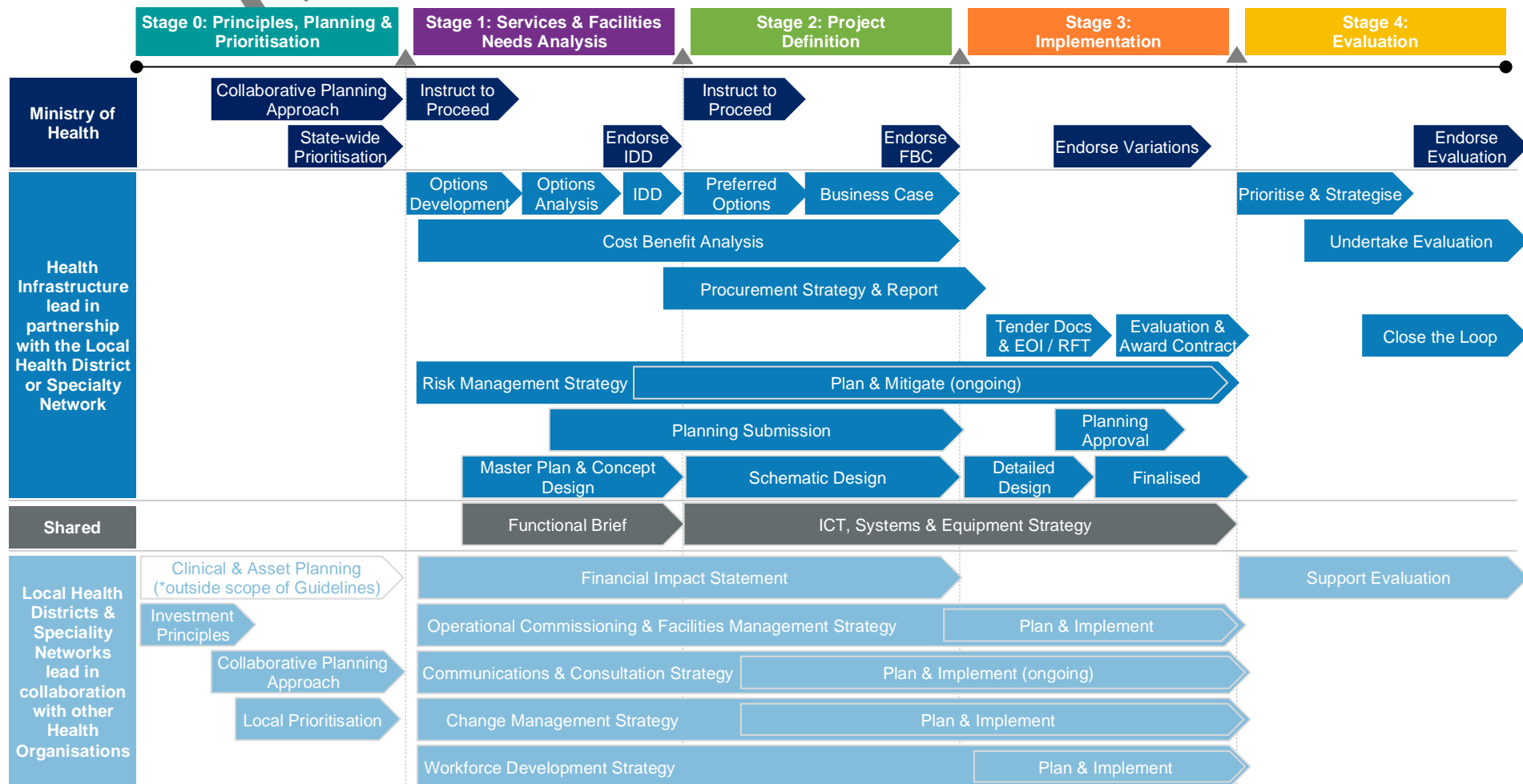
General roles, responsibilities and accountabilities for planning and delivery should be updated to reflect the unique context of each process. The Project Director is responsible for establishing the governance structures and ensuring it remains effective throughout the process.

Structure	Description
<b>Executive Steering Committee</b>	<ul style="list-style-type: none"> <li>Provides strategic direction and leadership on all aspects</li> <li>Ultimate decision-making and endorsement authority</li> </ul>
<b>Planning and Development Committee (Stage 1-2)</b>	<ul style="list-style-type: none"> <li>Monitors and advises on all planning aspects</li> <li>Oversees planning until contractor appointment</li> </ul>
<b>Project Control Group (Stage 3)</b>	<ul style="list-style-type: none"> <li>Monitors and advises on all delivery (construction and commissioning) aspects</li> </ul>
<b>Project Planning Team (Stage 1-2) / Project Delivery Team (Stage 3)</b>	<ul style="list-style-type: none"> <li>Operational planning and implementation</li> <li>Manages interface with Project Working and Project User Groups</li> <li>Coordinates the consultation processes / engagement with users</li> </ul>
<b>Executive User Group</b>	<ul style="list-style-type: none"> <li>Oversees Project User Group process and resolves issues</li> <li>Aligns design briefs and broader plans, policies and parameters</li> </ul>
<b>Project User Group</b>	<ul style="list-style-type: none"> <li>Provides clinical and operational planning input and feedback on health service delivery</li> <li>Develops functional briefs for planning units</li> </ul>
<b>Project Working Group (*established as required)</b>	<ul style="list-style-type: none"> <li>Develops and monitors key strategies and activities (as needed)</li> </ul>
<b>Clinical Reference Group (*established as required)</b>	<ul style="list-style-type: none"> <li>Provides expert clinical advice on clinical / health service delivery</li> <li>Resolves clinical issues escalated by the Project User Group (as needed)</li> </ul>

# Roles and responsibilities for key stakeholders during the process

This Gantt chart illustrates how key stakeholders are responsible for completing activities or outputs throughout the process.

Local Health Districts and Specialty Networks lead the planning process within their respective areas, Ministry of Health is system manager, and Health Infrastructure is delivery agency and leads Stages 1-4 in partnership with the Local Health District or Specialty Network. Each of these key stakeholders collaborates with other Health Organisations to complete the following activities and outputs:



# The detail behind the process

**Stage 0: Principles, Planning & Prioritisation**

**Stage 1: Services & Facilities Needs Analysis**

**Stage 2: Project Definition**

**Stage 3: Implementation**

**Stage 4: Evaluation**





## Stage 0: Principles, Planning & Prioritisation

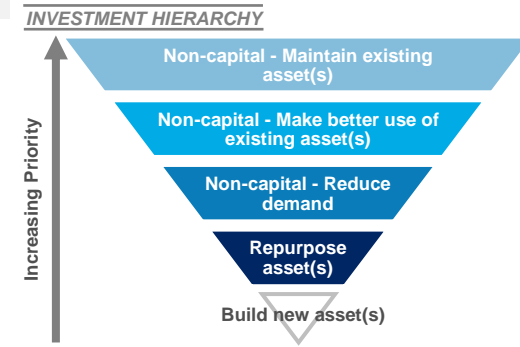
**Objective:** To identify potential projects aligned with local service needs, system-wide objectives and Government policy using a collaborative approach

Key activities	<p>Importantly, the guidelines introduce this new Stage 0 to create stronger linkages between early strategic planning, options analysis (including non-capital solutions), decision making and the existing process of facility planning (Stages 1-4). Stage 0 reflects the NSW Health Investment and Prioritisation Framework and users should refer to the framework for background and guidance (as well as existing clinical services and asset planning guidelines).</p> <p>The intent of the framework and Stage 0 is to provide clear guidance to Health Organisations on the types of investment proposals required to respond to long-term health challenges facing the NSW health system in the future. A key element of Stage 0 is an increased level of collaboration in identifying the types of investments needed to optimise both local and system-wide objectives and ensure capital is used to deliver the greatest value for NSW.</p>		
	<p><b>Investment Principles:</b></p> <p>Apply the Investment Principles to guide early considerations and planning of clinical services and assets, including the extent to which the investment:</p> <ol style="list-style-type: none"> <li>1. places patient outcomes at the centre;</li> <li>2. improves long-term financial sustainability of the system;</li> <li>3. enables innovative and transformative ways of delivering health care;</li> <li>4. makes better use of assets and considers non-capital options;</li> <li>5. considers whole-of-life cycle costs;</li> <li>6. takes a whole of portfolio approach;</li> <li>7. is adaptive, resilient and environmentally sustainable;</li> <li>8. maximises place-based synergies; and</li> <li>9. delivers wider economic and community benefits</li> </ol>	<p><b>Collaborative Planning Approach:</b></p> <p>Plan for and undertake collaborative planning with Local Health Districts and Specialty Networks to explore, test and discuss service planning options with a wide group, comprising Ministry of Health, Health Infrastructure, Shared Services, Pillars, and Statewide Health Services</p>	<p><b>Eligibility tests:</b></p> <p>Review all local priorities against three new eligibility tests:</p> <ol style="list-style-type: none"> <li>1. Strategic need and benefit;</li> <li>2. System and service transformation; and</li> <li>3. Financial sustainability and efficiency.</li> </ol> <p>Determine the extent the potential investment decisions are aligned to long-term NSW Health priorities</p>
	<p><b>Gateway &amp; Health Check Reviews:</b></p> <p>Tier 1, 2 and 3 projects undergo an INSW <a href="#">Go / No Go Review</a>. Tier 4 is not required. After project is registered on INSW portal and assigned risk rating Optional INSW <a href="#">Development</a> Health Checks for Tier 1, 2 and 3. Not required for Tier 4</p>		
Roles & responsibilities	<p><b>Health Infrastructure:</b></p> <p>Participates in collaborative planning approach</p> <p>Prepares Gateway / Health Check Reviews (after project is registered on INSW portal and assigned a risk rating)</p>	<p><b>Local Health Districts &amp; Specialty Networks:</b></p> <p>Leads use of investment principles and prioritisation method for local planning</p> <p>Explores, tests and discusses early planning using the collaborative planning approach</p>	<p><b>Ministry of Health:</b></p> <p>Chairs collaborative planning approach</p> <p>Reviews all Local Health Districts and Specialty Networks priorities against the eligibility tests and conducts State-wide prioritisation process</p>
Output	<p>Local Health Districts and Specialty Networks submit local planning priorities. Ministry of Health develops 10-Year Capital Investment Strategic Plan</p>		
Policies & approaches	<p>Approach, activities and outputs should be consistent with the guidance in the NSW Health State-Wide Investment and Prioritisation Framework</p> <p>Approach should align with <a href="#">Premier's Priorities</a>, <a href="#">Outcomes Budgeting</a>, <a href="#">State Infrastructure Plan</a>, <a href="#">State Health Plan</a>, 20-year Health Infrastructure Strategy and Future Health Strategy</p>		

## Stage 1: Services & Facilities Needs Analysis

**Objective:** To robustly analyse a spectrum of options to maximise benefits and efficiently meet the service need

Key activities	<b>Options Analysis:</b>		
	<p>Undertake multi-phase options analysis:</p> <ul style="list-style-type: none"> <li><b>Phase 1:</b> Robustly develop a broad spectrum of options capable of meeting the service need aligned with the Investment Hierarchy, including non-capital solutions, minimal capital solutions and those that incorporate innovative and new service models, technology and equipment</li> <li><b>Phase 2:</b> Qualitatively and quantitatively evaluate the broad spectrum of options, including preliminary capital and recurrent costs, risks and benefit estimates for all feasible options.</li> </ul> <p>Engage with specialist stakeholders (Shared Services, Statewide Health Services and Pillars) to input into the option development and evaluation approach and test the emerging outcomes of the analysis</p> <p>Short-list preferred option(s) which meet service need, system-wide objectives and improve outcomes / experiences and maximise benefits at optimal cost (including any non-capital / minimal capital option(s))</p>		
Roles & responsibilities	<b>Service Delivery Plan:</b>	<b>Supporting Strategies &amp; Plans:</b>	<b>Gateway &amp; Health Check Reviews</b>
	Develop a service delivery plan which clearly articulates the objectives, endorsed service need and prioritisation, parameters, governance structure and arrangements, methodology and program	Develop initial project and organisation strategies, including; strategies for communications and consultation, change (incl. op's policies and models of care), workforce, risk, and systems / equipment	Tier 1 and 2 projects undergo an INSW <a href="#">Strategic Options Gateway Review</a> . Tier 3 is optional. Tier 4 is not required
Policies & approaches	<b>Health Infrastructure:</b>	<b>Local Health Districts &amp; Specialty Networks:</b>	<b>Ministry of Health:</b>
	Leads service delivery planning, options analysis, CBA, cost / benefit estimates, risk management, and Investment Decision Document in partnership with Local Health District or Specialty Network  Prepares Gateway / Health Check Reviews	Leads Services & Facilities Needs Analysis. Prepares the Financial Impact Statement and the supporting project and organisation strategies, including communications and consultation, change management and workforce development	Endorses Investment Decision Document and short-list of preferred options(s)
Out-puts	Analysis should be compiled in the Investment Decision Document template, including Financial Impact Statement and Cost-Benefit Analysis		
Policies & approaches	<p>Detail should be proportionate to the value and the risk of the project aligning with the <a href="#">Infrastructure Investor Assurance Framework</a></p> <p>Economic appraisals should be consistent with the <a href="#">Guide to Cost-Benefit Analysis</a> and <a href="#">Guidelines for the Economic Appraisal of Capital Projects</a></p> <p>Preliminary Business Cases (Investment Decision Document) are subject to additional requirements under the <a href="#">Asset Management Policy</a></p> <p><a href="#">Business Case Templates</a> and the <a href="#">Business Case Guidelines</a> should be used to support needs confirmation analysis and strategic business case</p> <p>Approach should align with <a href="#">Premier's Priorities</a>, <a href="#">Outcomes Budgeting</a>, <a href="#">State Infrastructure Plan</a>, <a href="#">State Health Plan</a>, 20-year Health Infrastructure Strategy and Future Health Strategy</p>		



## Stage 2: Project Definition

**Objective:** To develop an evidence base that proves the preferred option best meets the service need and maximises benefits at optimal cost

Key activities	<p><b>Options Analysis (refined):</b></p> <p>Revisit short-listed option(s). Update and increase the detail and accuracy of assumptions and estimates for the option(s), including demand, capital and recurrent costs, benefits, efficiency gains and funding sources</p> <p>Iterate the options analysis as project parameters are refined. Confirm preferred option which best meets service need, system-wide objectives, improves outcomes and maximises benefits at optimal cost</p>	<p><b>Procurement Strategy Options:</b></p> <p>Undertake initial analysis of procurement options, including identifying the relative advantages and disadvantages of contract packaging options and matching optimal delivery models to the packages</p> <p>Iterate evaluation of the options as parameters are refined and new information becomes available. Ensure alignment with the <a href="#">Procurement Policy Framework</a>. Confirm strategy</p>	<p><b>ITERATING ANALYSIS</b></p> <p>Qualitative analysis → Refine design → Refine parameters → Refine planning → Quantitative analysis → Options Analysis → back to Qualitative analysis</p> <p>Bringing it together</p>	
	<p><b>Parameter Refinement:</b></p> <p>Develop relevant design documentation, including service model, functional relationships, operational policies, and accommodation schedules</p> <p>Confirm planning parameters and develop aligned concept plans. Identify variations to <a href="#">AusHFG</a></p>	<p><b>Supporting Strategies &amp; Plans:</b></p> <p>Develop operational commissioning and facilities management strategy (including non-clinical support services, systems and equipment)</p> <p>Develop plans for communications and consultation, change, workforce and risk</p>		<p><b>Gateway &amp; Health Check Reviews:</b></p> <p>Tier 1 and 2 projects undergo an INSW <a href="#">Business Case Review</a>. Tier 3 is optional. Tier 4 is not required</p> <p>Optional INSW <a href="#">Development</a> Health Checks for Tier 1, 2 and 3. Not required for Tier 4</p>
	<p><b>Health Infrastructure:</b></p> <p>Leads options analysis, CBA, procurement strategy, parameter refinement, risk management, and the Final Business Case in partnership with Local Health District or Specialty Network</p> <p>Prepares Gateway / Health Check Reviews</p>	<p><b>Local Health Districts &amp; Specialty Networks:</b></p> <p>Informs and refines Project Definition. Prepares Financial Impact Statement and supporting project and organisation strategies and plans, including op's commissioning and facilities management, communications and consultation, change management and workforce development</p>		<p><b>Ministry of Health:</b></p> <p>Endorses Final Business Case and preferred option</p>
Output	Analysis should be compiled in the Final Business Case template, including Financial Impact Statement, CBA and Procurement Strategy			
Policies & approaches	<p>Detail should be proportionate to the value and the risk of the project aligning with the <a href="#">Infrastructure Investor Assurance Framework</a></p> <p>Economics should be consistent with the <a href="#">Guide to Cost-Benefit Analysis</a> and <a href="#">Guidelines for the Economic Appraisal of Capital Projects</a></p> <p>Final Business Cases are subject to additional requirements under the <a href="#">Asset Management Policy</a></p> <p><a href="#">Business Case Templates</a> and the <a href="#">Business Case Guidelines</a> should be used to support development of final business case</p> <p>Planning should be informed by <a href="#">AusHFG</a> and consistent with <a href="#">AusHFG Variations</a></p> <p>Initial procurement approach should be consistent with the <a href="#">Procurement Policy Framework</a> and <a href="#">Procurement Policy</a></p> <p>Approach should align with <a href="#">Premier's Priorities</a>, <a href="#">Outcomes Budgeting</a>, <a href="#">State Infrastructure Plan</a>, <a href="#">State Health Plan</a>, 20-year Health Infrastructure Strategy and Future Health Strategy</p>			

## Stage 3: Implementation

**Objective:** To develop an approach to market and delivery scope that will realise the intended benefits of the project

Key activities	<b>Procurement Strategy (validate):</b>	<b>Go to Market Approach:</b>	<b>PROCUREMENT OBJECTIVES</b>	
	<p>Validate procurement strategy through market sounding (if not completed in Stage 2) and incorporate feedback from the market</p> <p>Ensure the procurement strategy remains aligned with the <a href="#">Procurement Policy Framework</a> and supports the <a href="#">Ten Point Commitment to the Construction Sector</a> (where relevant). Finalise procurement and commercial approach</p>	<p>Develop tender documents, including refining design through engagement with the prospective facility operator. Documents should define the model of care, patient profile functional relationships, and specific design and operational requirements that are aligned with the service need. Identify any variations to <a href="#">AusHFG</a></p> <p>Approach market with tender, evaluate response(s) and award contract(s). Finalise design with the successful tenderer(s)</p>		
Roles & responsibilities	<b>Delivery:</b>	<b>Supporting Strategies &amp; Plans:</b>	<b>Gateway &amp; Health Check Reviews:</b>	
	<p>Responsible for undertaking works and commissioning in accordance with contract scope for successful tenderer(s)</p> <p>Construction completion and commissioning processes and complexity will vary based on project scope and should have supporting strategies and plans in place which are proportional to complexity, size and risk</p> <p>Ensure prospective operator involvement through the commissioning and completion phases</p>	<p>Finalise supporting strategies and plans for communications and consultation, change, workforce, risk, operational commissioning and facilities management (including move logistics and decant plan)</p> <p>Develop construction management and building commissioning and project completion plans with contractor(s)</p>	<p>Tier 1 projects undergo INSW <a href="#">Pre-Tender</a>, <a href="#">Tender Evaluation</a>, and <a href="#">Pre-commissioning</a> Gateway Reviews. Optional for Tier 2-3 and not required for Tier 4</p> <p>Optional INSW <a href="#">Procurement</a> Health Checks for Tier 1, 2 and 3. Tier 1 projects undergo a <a href="#">Delivery</a> Health Check. Optional for Tier 2-3 and not required for Tier 4</p>	
Out-puts	<b>Health Infrastructure:</b>			
	<p>Prepares procurement strategy, go to market approach, and construction / commissioning</p> <p>Prepares tender documents and Gateway / Health Check Reviews</p>			
Policies & approaches	<b>Local Health Districts &amp; Specialty Networks:</b>			
	<p>Finalises supporting strategies and plans (prepared in preceding stages), as well as finalising a move logistics and decant plan</p>			
<b>Ministry of Health:</b>				
<p>Endorses variations</p>				
<p>Procurement strategy report and go to market documentation. Contract package documents for delivery</p>				
<p>Procurement should be consistent with the <a href="#">Procurement Policy Framework</a> and <a href="#">Procurement Policy</a></p> <p>Planning and construction should be informed by <a href="#">AusHFG</a>, consistent with <a href="#">AusHFG Variations</a> and <a href="#">Engineering Services Guidelines</a></p> <p>Engagement with the market should align with the <a href="#">Ten Point Commitment to the Construction Sector</a></p>				

## Stage 4: Evaluation

**Objective:** To understand how well the intended benefits and outcomes have been realised and what can be learned from the project

Key activities	<b>Prioritise &amp; Strategize:</b>			
	<p>Identify what should be evaluated (entire project or targeted component) in the project using the Evaluation Prioritisation Matrix (illustrated on this page). This should involve stakeholder discussions to inform the relative value of what can and should be evaluated, considering the:</p> <ul style="list-style-type: none"> <li>level and quality of existing evidence or past evaluations for the type of facility or design approaches</li> <li>value for future processes (e.g. whether there is a pipeline of projects that may benefit from the findings)</li> <li>use of any innovative approaches or technology that may benefit from validation or additional evidence</li> </ul> <p>Develop a strategy to establish the key elements of the evaluation, including identifying the original service need and intended outcomes and benefits of the project, timing of the evaluation and horizon needed to identify progress, and the proportionality of the scope of evaluation (e.g. more targeted for smaller scale and less strategically valuable projects). Refer to the <a href="#">Program Evaluation Guidelines</a> for support</p>			
Roles & responsibilities	<b>Evaluate:</b>	<b>Close the Loop:</b>	<b>Gateway &amp; Health Check Reviews:</b>	
	<p>Develops an evaluation plan which clearly articulates the objectives, parameters, governance structure and arrangements, method and program</p> <p>Undertake the evaluation, including developing a program logic to map relationships between outputs, outcomes and objectives, finalise methodology using program logic, and collate data and feedback. Determine how well the outcomes and intended benefits have been realised and what can be learned from the project</p>	<p>Identify the expected audience for findings (e.g. decision makers or stakeholders with similar projects in the pipeline) to better understand their key areas of interest and to identify if the evaluation approach will be able to address their interests</p> <p>Share emerging findings of the evaluation with the targeted audience and determine next steps for disseminating the findings in a way which can inform decision-making, improve future projects, and improve the facility planning process</p> <p>Implement endorsed changes as a result of lessons learned</p>	<p>Tier 1 projects undergo an INSW <a href="#">Post-commissioning</a> Gateway Review. Tier 2-3 is optional. Tier 4 is not required</p> <p>INSW <a href="#">Post-commissioning</a> Health Checks are optional for all projects</p>	
Output	<b>Health Infrastructure:</b>			<b>Ministry of Health:</b>
	<p>Prepares prioritisation, strategy, evaluation and closing the loop phases</p> <p>Prepares Evaluation and Next Steps Report and Gateway / Health Check Reviews</p>			<p>Supports the prioritisation and strategic analysis and provides inputs to support the evaluation</p> <p>Endorses findings and any recommended learnings or changes from the evaluation</p>
Policies	<b>Local Health Districts &amp; Specialty Networks:</b>			
	<p>Evaluation and Next Steps Report</p>			
<p>Evaluation prioritisation, strategy and implementation should be consistent with the <a href="#">Program Evaluation Guidelines</a></p> <p>The <a href="#">Centre for Program Evaluation</a>, <a href="#">Evaluation Toolkit</a> and <a href="#">Guide to Commissioning Evaluation Services</a> can support this stage</p>				

The Strategic Reform and Planning Branch, Ministry of Health, is responsible for maintaining these Guidelines. The latest version is available [here](#).

The Guidelines are intended to remain user friendly and contemporary overtime. Please raise any questions or feedback to improve the guidelines with the Service and Capital Planning Unit.



Health