NSW Health

AM-17

Ref: H23/66106

Ms Anna McFadgen
Chief Executive
St Vincent's Health Network

St Vincent's Darlinghurst Integrated Campus Redevelopment (DICR), Cahill-Cater Redevelopment Final Business Case

Dear Ms McFadgen

Thank you for the submission of the St Vincent's DICR Cahill-Cater Redevelopment Final Business Case (FBC), Version 1.1 dated 9 March 2023, for Ministry review. The FBC has been circulated to the relevant NSW Health Ministry Branches and Pillar agencies for their comment, with responses consolidated in the attached Issues Log.

It is anticipated that the comments in the Issues Log will assist to inform the future update of the FBC when funding for the redevelopment may become available.

Please note that any future funding commitment will need to progress to the annual Government Budget process in consideration of a range of factors including the available funding envelope and delivery capacity of Health's existing capital program.

The Ministry will issue formal advice to St Vincent's Health Network when submission of the updated FBC to the Ministry is required.

If you have any questions regarding this correspondence, please contact Ms Elizabeth Kim, Director Service and Capital Planning Unit at [redacted] or on [redacted].

Yours sincerely

Vince McTaggart
Executive Director, Strategic Reform and Planning Branch
30/08/2023

Encl. Consolidated Issues Log - Cahill-Cater Redevelopment Final Business Case

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General Comments		Attention: LHD / HI
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The Business Case and Strategic Workforce Plan identifies SVH is a major trauma centre. It is noted that the SVH trauma service may not fully align with the NSW Trauma Services Model of Care criteria. Trauma workforce planning and future implications of service expansion is unclear. This is relevant to plans for expanded operating theatre capacity with a RAPTOR suite and a helipad to enhance trauma transfer capacity. Suggest further workforce planning considers any potential implications for Trauma Service staffing to ensure planned redevelopment of SVH delivers high quality patient centred care for severely injured patients.		
Patient outcomes are referred to throughout the business case documentation, however there is limited reference to specific Patient Reported Outcome Measures (PROMs) to quantify benefits. It is acknowledged that multiple cohorts collect patient reported measures at St Vincent's via the Health Outcomes and Patient Experience (HOPE) system. It is suggested that PROMs are considered for priority clinical groups for example Mental Health; Alcohol and Other Drugs; Long Covid and Falls.		
The Business Case documentation speaks to increasing virtual care and digital therapeutics in some areas. Further detail would be beneficial on how SVH will monitor, innovate, and measure virtual care enhancements to ensure safety and quality of the relevant services. Query if Rapid Access services are considered for virtual care models?		
It is unclear if waste management and dock logistics are included in the final business case. If not already considered, it is suggested that the project reviews the loading dock and waste management practices, including assessing whether adequate space is available across all ward services, storage areas, dock and any new infrastructure sites to support different recycling streams (including general, co-mingled recycling, organic and clinical waste). This aligns with NSW Health's commitment to deliver an environmentally sustainable footprint, including transitioning to a low-waste system, and the NSW *Government Resource Efficiency Policy (GREP)* policy supporting resource efficiency across energy, water, and waste.		
HSNSW does not provide services to St Vincent's Hospital Sydney Hospital except for overflow demand for Patient Transport Services (PTS). However, it is noted that the preferred option in the FBC (Option 3C) does not include back of house / kitchen as part of the project, noting that a new kitchen will be delivered separately prior to the commissioning of the new Cahill-Cater Building		

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From a logistics perspective we note that there are no dedicated lifts and no direct staff / patient connections on the same level as FOH / BOH services. This may have an impact on travel times / proximity to patients and may require additional FTE to deliver services in a timely and efficient manner, and in line with food safety standards. The Workforce Plan indicates that Food Services has 46 FTE. **It's not clear whether this has increased and if the allocated FTE is in line with the 35%** projected activity increase. It is suggested that further consideration is given to scenario testing in relation to flows, logistics, delivery times between FOH/BOH services and clinical areas, and subsequent impact on workforce FTE requirements. The effective operation of health facilities is dependent upon responsive and efficient non-clinical support services. In general, this includes, but is not limited to: - Food Services - Waste Management Services - Loading Dock - Patient Transport Services - Facility Management & Engineering Services - Linen Services - Biomedical Engineering - Security Services - Porterage / Orderly / Wardsperson Services - Cleaning Services - Supply Services - Mail Services - Fleet Services Demand for these services will increase in line with clinical activity and complexity.		
The Business Case does not mention access to a parent room/ feeding room for breastfeeding clients or staff members. Ensure families and staff have accessible spaces for infant feeding. Refer to: PD2018_034 Breastfeeding in NSW - Promotion, Protection and Support		

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There is no reference to disability inclusion throughout the Business Case. It is, Recommend the business case consider and reference key national and state disability plan initiatives: Australia's Disability Strategy 2021–2031 NSW Disability Inclusion Action Plan		
Inconsistencies are noted within the FBC regarding the mental health components of Option 3C. There are two separate components of Option 3C in relation to MH. One is the 4 bed MH-ICU (consistently included). The second component is inconsistently referred to in the FBC as either: ○ 12 new non-acute inpatient beds in the Level 6 Cahill-Cater Building (i.e., sub-acute/rehabilitation beds) or ○ Step-down beds (it is unclear if these are the model for the 12 non-acute inpatient beds above or is this referring to the 8-bed community-based PARC). • Examples include: ○ **Table 2: CCR Scope**: 16 additional Mental Health Inpatient Beds, comprising a Four (4) Bed Mental Health Intensive Care Unit (MHICU) and 12 Bed Mental Health Step-Down Unit [p. 18] ○ **Table 15 Project Benefits** Establishment of a MHICU and Mental Health sub-acute beds improving continuum of Care [p. 33] ○ **Section 4.1.6 Shortlisted Options Table 42**: Shortlisted Options - Option 3C New Build consolidation & expansion of mental health beds including MHICU and step-down beds [p.70] ○ **Table 44: Option 3C Scope states** *"Option 3C has been identified as the **preferred option** ...**will deliver** "mental health inpatient beds: non-acute inpatient 12 bed non-acute inpatient. The 12-bed unit will be built on level 6 of the new Cahill-Cater building"* **[p.71**-72] ○ **Figure 21: Concept Design Block and Stack** *The Cahill-Cater building level 6 will house the 12 public non acute and 4 MHICU beds (level 6) with a **walkway to the separate O'Brien building*** [p.83] It is suggested that the FBC is reviewed and updated for consistency in language regarding mental health options. **The Ministry's** Mental Health Branch would appreciate clarification in relation to the proposed service model (are the inpatient sub-acute beds intended to be an inpatient step-up/step-down model of care or a longer rehabilitation model?)		
The MHB have collated its understanding of the FBC initiatives (noting the potential confusion about different bed types) as being: **A. Option 3C - New MH services that are part of the FBC proposal and are budgeted in the FBC** 16 new mental health (additional to the existing 33 beds) being:		

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a. Four (4) new MH-ICU beds to Level 6 Cahill-Cater Building b. Twelve (12) new non-acute/sub-acute inpatient beds to Level 6 Cahill-Cater Building. **B. Proposed services that are not budgeted for in the FBC (outside the scope of the 'funding envelope' of the FBC) but are included in the FBC and App 2.1 St Vincent's Clinical Services Plan-2030/31** c. An 8-bed community-based Prevention and Recovery Centre (PARC) for short term (14-28 day) voluntary step-up and step-down residential care. The MHB note the FBC proposal for the PARC is not funded under the FBC envelope and will require an identified funding source for capital and recurrent costs. **C. Subject to (further additional) funding being identified:** d. **Relocate Mental Health Administration from Level 6 O'Brien Centre to Level 6 Cahill**-Cater Building e. Relocate U-space (a private mental health service for 16-30 years) **from Level 6 O'Brien Centre to Level 13 Cahill**-Cater Building f. **Major refurbishment of O'Brien Centre Level 6, with a (walkway) link to Cahill**-Cater Building **D. Under discussion with MHB or intended to be discussed with MHB or MoH - presumed to require further additional funding source** g. 8 Bed JH&FMH MH-ICU (the FBC does not include any capital costs associated with this being at the SVH Darlinghurst Campus). h. A virtual PECC via HITH (scoping stage) **The Ministry's Mental Health Branch would appreciate confirmation** on its understanding of the proposed MH services within the FBC, and those key strategic priorities for the to the continuum of care/ overall model of mental health care outside of the FBC. Consider providing a consolidated list of the various proposed Mental Health services (budgeted and otherwise) in a section in the FBC.		
St Vincent's Hospital Sydney (SVHS) is an Affiliated Health Organisation (AHO) and operates the services / facilities as a networked AHO named the 'St Vincent's Health Network' (SVHN). It should be noted that eHealth NSW is currently working with SVHN to conduct a Digital Capability Assessment and the findings from this assessment may be relevant and helpful in the planning of this redevelopment – particularly in relation to foundation platforms and services, other statewide services and core clinical systems strategic direction.		

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eHealth NSW welcomes ongoing consultation with SVHN to support the adoption of suitable state-wide ICT service offerings, foundation services and ICT standards and policies. In line with this approach, it is recommended that this planning development would benefit by overlaying/mapping to the NSW Health ICT Capability Blueprint and NSW Health ICT standards and policies to clearly highlight scope/requirements and gaps in current ICT capability. eHealth NSW can provide further details about ICT standards in use at NSW Health, and provide details of the pipeline of the ICT standards being developed, available patterns, conceptual architectures and reference architectures and would welcome supporting the ICT Capability mapping process eHealth NSW is currently in the process of refreshing the eHealth Strategy for NSW Health 2016-2026 to provide strong alignment with the strategic framework and priorities of Future Health: Guiding the Next Decade of Care in NSW, 2022-2032. eHealth NSW welcomes the continued partnership and collaboration to ensure alignment with the state-**wide investment pipeline and direction with St Vincent's Health Network Sydney (SVHS). This** will help the strategic directions and intentions set out in the ICT Strategy and demonstrate specific digital themes/focus areas that could help achieve them. This planning work can be further benefited by aligning the scope through sizing assumptions aligned to the Australasian Health Facility Guidelines **(AusHFG) 'Health Planning Units'. This mapping process would again further assist the redevelopment's proposed detailed ICT cost estimates and** benefits analysis and help identify other digital and infrastructure capabilities required and allow for redevelopment standardisation and comparison and alignment with other recent NSW Health redevelopments.		

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P.18	Trauma service Para 2, last sentence states that SVHS is a tertiary Level 6 trauma service. SVH is a Major Trauma Service which is equivalent to a Level 1 trauma service, as documented in the Australian and Aotearoa New Zealand Trauma Verification Program: Model Resource Criteria For Trauma Services by the Royal Australasian College of Surgeons.	**For review and update**	
P.18	1.1.1 Noting that, **in line with SVHA's Mission and commitment to** service of the poor and vulnerable, SVHS has a particular focus on the health needs of marginalised groups in the inner city of Sydney.	**For noting** There is unequivocal evidence that the impacts of climate change will disproportionately affect vulnerable populations. This includes older adults, ethnic minorities, children, people with disabilities, and people with underlying health conditions. Suggest consider how climate change could impact the populations in the Inner Sydney city catchment including in the short (e.g.: difficulty in accessing the site during severe weather) and medium to long term (e.g.: further increase in wealth inequality due to economic livelihoods being undermined).	
P.18 P.70, 71	Table 2: CCR Scope Table 44: Option 3C Scope Four (4) Bed Mental Health Intensive Care Unit (MHICU) Option 3C - New MH services that are part of the FBC proposal and are budgeted in the FBC - Four (4) MH-ICU beds to Level 6 Cahill-Cater Building The MHB note the Australasian Health Facility Guidelines (AusHFG) on MH-ICUs which note whilst there is variation in the literature about the optimal Unit size, eight to 12 beds is	**For review and update as required** It is suggested the FBC is updated to: ○ confirm the proposed four (4) MH-ICU beds will be statewide beds (available for other networked LHDs as per the existing policy PD2019_024) ○ note the recommendations arising from the MHB MH-ICU review that is underway may impact on the NSW Health MH-ICUs including the proposed 4 bed MH-ICU	

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	the consensus range, depending on the service catchment demand. See Part B - Health Facility Briefing and Planning 0137 – Mental Health Intensive Care Unit, Revision 3.0, February 2019 https://aushfg-prod-com-au.s3.amazonaws.com/SOA_B.0137_3%202.pdf	Further advice is requested by the Mental Health Branch on how the proposed 4 bed MH-ICU will work with existing mental health services including the Caritas (27 bed) acute and high dependency inpatient unit.	
P.18	1.1.2 Cahill-Cater Redevelopment Table 2: CCR Scope MH services for older persons Option 3C Scope includes – • A dedicated and purpose-built 32-bed Geriatric Inpatient Ward, including a Specialist Dementia Care Unit (SDCU). • MHB supports the proposal for a specialist dementia unit in the proposed geriatric unit. However, suggests that: • It should be renamed in Final Business Case to avoid confusion with Commonwealth-funded Specialist Dementia Care Units in residential aged care. If development proceeds, there should be negotiation of access to some of these beds for OPMH patients and of clinical input from the OPMH service, with appropriate clinical governance arrangements.	**For consideration and update as required** Consider renaming Specialist Dementia Care Unit (SDCU) in Final Business Case to avoid confusion with Commonwealth-funded Specialist Dementia Care Units in residential aged care. If proposed development proceeds, there should be negotiation of access to some of these beds for OPMH patients and of clinical input from the OPMH service, with appropriate clinical governance arrangements.	
P.19	1.1.2 Note additional interventional spaces proposed, including one (1) Operating Theatre, two (2) Interventional Radiology Suites, one (1) Cardiac Catheter Laboratory and two (2) Procedure Rooms (plus three (3) private Operating Theatres).	**For consideration** Noting the addition of interventional spaces including one Operating Theatre and three private Operating Theatres, the CSSD refurbishment and sterilising service model should support a reduction in use of single-use theatre items. Consideration is to be given to ensure adequate space for CSSD and more recycling	

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		streams (including associated system support from CSSD/sterilisation, environmental support staff etc.). This is aligned **with NSW Health's commitment to deliver an environmentally** sustainable footprint. Additionally, evidence suggests anaesthetic gases are 5% of a hospital's carbon footprint. The highest impact gases are desflurane and nitrous oxide due to their extremely high carbon footprint. The project could consider facilitating solutions such as alternative anaesthetics or analgesics.	
P.19	1.1.2 Significant increase in virtually enabled ambulatory care consult and treatment spaces	**For noting** Support increased uptake of contemporary and flexible models of care (including virtual care/telehealth). This aligns with the *NSW Virtual Care Strategy 2021-2026* priorities including providing care closer to home, improving accessibility for patients and reducing travel-related carbon emissions.	
P.24	**1.3 Contribution to Government's Priorities** It is encouraging **that NSW Health's commitment to deliver** an environmentally sustainable footprint (Key Objective 6.2 in the Future Health Strategy) is reflected in the guiding strategic documents. Additionally, it is pleasing to see that an Environmentally Sustainable Development (ESD) consultant has been engaged to identify good design and ESD drivers. **The Ministry's Climate Risk and Net Zero Unit are** supportive of the sustainability initiatives and factoring initiatives costs into the project costs ($3,000,000, page. 88).	**For consideration** Sustainable Design principles should be considered, in addition to the hospital design being guided by Connection to Country principles. Suggest the Business Case could consider how new build infrastructure can be **'net zero ready'.** Other sustainability opportunities include, 100% electric design (no gas) and renewable energy, appropriate building orientation/design, provision for electric vehicles (including charging stations), solar photovoltaic (PV) cells, reducing building energy use and embodied energy, water capture via rainwater tanks, minimising waste, increasing	

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		use of sustainable/recycled and low off gassing materials, and sustainable drainage systems. Other considerations may include appropriate inclusion of tree canopy and green space on site to mitigate climate change impacts and promoting active transport (walking, cycling, proximity to public transport). Given the impacts of climate related extremes (for e.g., severe weather events) on health service delivery and access to care and long term adaptation.	
P.24	**1.3 Contribution to Government's Priorities** eHealth NSW notes that the Cahill-Cater redevelopment is aligned with the strategic directions of the NSW Government and NSW Ministry of Health and SVHN strategic aims.	**For review and update as required** **eHealth NSW recommends that the St Vincent's Hospital Cahill-Cater redevelopment is also aligned with:** • Elevating the Human Experience – Our Guide to Action (2020) • NSW Health Virtual Care Strategy (2021 – 2026) • The State Infrastructure Strategy 2018 **– 2038 'Building Momentum' has been refreshed with the release of the** 2022 – 2042 State Infrastructure Strategy 'Staying Ahead' • **The "Guide to the Role Delineation of Clinical Services (2019)" has been refreshed with the release of** Guide to the Role Delineation of Clinical Services (2021). eHealth suggests these changes are also updated in the ICT Strategy (page 12 - 1.2.4 Strategy and Standards Reference Documents)	
P.24-25	1.3 Contribution to government priorities SVHN has identified the infrastructure needs and priority of older people but has not referenced relevant state policies	**For review and update as required** Include in Table 5: Contribution to Government and organisational policies:	

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	to inform the development of the 32-bed Geriatric Ward, including the SDCU.	1. ***NSW Older People's Mental Health (OPMH) Acute Inpatient Unit Model of Care Guideline*** (GL2022_003) Guideline ***NSW Older People's Mental Health Services SERVICE PLAN 2017-2027*** (GL2017_022)	
P.24-25	1.3 Contribution to government priorities SVHN has identified that the population of children and young people 5-14 and 5-19 will grow in the next 10 years (Appendix 2.1).	**For review and update as required** Include NSW Youth Health Framework 2017-24 in government priorities.	
P.24-25	1.3 Contribution to government priorities SVHN has identified increased need for end of life and palliative care in the local population.	**For review and update as required** Suggest including End of Life and Palliative Care Framework 2019-2024 in government priorities. Palliative care services are not in scope for all options but are still **identified as part of SVHN's core businesses. Considerations in** delivering better palliative care services will support the increased need of the population, in line with the implementation of this Framework.	
P.25	1.3 Contribution to government priorities Suggest including reference to the NSW Health Good Health Great Jobs: Aboriginal Workforce Strategic Framework 2016-2021 noting that a revised version will be released early in 2023.	**For review and update as required**	
P.26	1.4.2 Options Development eHealth NSW notes that the Cahill-Cater redevelopment aims to expand Hospital in The Home (HiTH) services.	**For noting** eHealth NSW would welcome working with SVHN to help align proposed services with relevant consumer focussed initiatives currently in planning.	

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		There are a range of planned digital health services that will enable consumers to take part in their care, including self-management at home and in the community. This work is informed by Elevating the Human Experience – Our Guide to Action (2020).	
P.28	1.4.2 Table 7: Infrastructure Options Major Refurbishment: Renal dialysis	**For noting** Noting major refurbishment of renal services is proposed, the project could consider the introduction of reverse osmosis (RO) water systems within the renal service. For example, incorporating tanks that support collection of rooftop and RO reject water, for non-potable water use (i.e.: toilet flushing, cooling for plant, equipment, and irrigation for green spaces/non-edible onsite vegetation). The site could investigate if RO reject water might supply off-site demands, increase RO water recovery settings, source medical equipment/dialysis machines with improved water efficiency, identify alternative water purification methods and reuse haemodialysis wastewater for landscaping or agriculture. This opportunity aligns with the NSW Government GREP policy supporting resource efficiency across the three main areas of energy, water and waste. It is recommended that ESD is incorporated in any new build design and/or retrofits to improve the environmental performance of renal services. ESD focuses on whole of life water value and water harvesting - further information on dialysis wastewater reuse can be found at: Wastewater management and water recycling - Water quality (nsw.gov.au)	

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P.28, 54, 67 & 70	1.4.3 Preferred Option – Table 8: Option 3C Scope MHICU for JH-FMHN The FBC does not include any capital costs associated with the provision of an 8 bed JH&FMHN MHICU at the SVH Darlinghurst Campus). The 8 bed JH&FMHN MHICU will be subject to (further additional) funding being identified (p.67).	**For noting** MHB note the advice in the FBC that the FBC does not include any capital costs associated with the provision of a JH&FMHN **correctional mental health intensive care service at the St Vincent's** Darlinghurst Campus.	
P.29	1.4.3 Note inclusion of 9 + 2 operating theatres (OT). No information provided for additional Post Anaesthetic Care Unit (PACU)/Recovery space.	**For review and update as required** Consider AUSFHG guideline on OT to recovery ratio/space requirements	
P.31 Table 12	The recurrent government funding growth ($98m) flagged for the hospital over 2028-30 is around 11 times the amount **available to the St Vincent's Network in a typical year.** It is noted that the growth is assumed to occur from 2028, with no growth from 2021 to 2027. Previous experience has shown that hospitals typically find ways to accommodate growth in all years, rather than delaying growth until a certain year.	**For noting** The projected growth is unlikely to be affordable or able to be accommodated through normal budgeting processes. Strategies such as a staged commissioning programme should be considered as part of further detailed financial planning. Recurrent budget allocations and activity purchased from Local Health Districts and Specialty Health Networks in a particular year are determined though the annual Service Agreement negotiation process and are subject to both the purchasing model process and State Government budget parameters in that year	
P.35	1.9 Project Governance No reference to primary care and NGO stakeholders.	**For consideration**	

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	It is noted that the Clinical Services Plan outlines the **intention to 'partner with other services on Campus, our** local health partners and our community NGO partners to address the wide range of health and social needs of our **consumers'.**	Suggest including local primary care and NGO representatives to support connections with the broader health services environment.	
P.49	Reference to Aboriginal and Torres Strait Islander people.	**Possible edit required** **Reframe the language to say 'Aboriginal and/or Torres** Strait **Islander people' including the or as not all Aboriginal people are** also Torres Strait Islander	
P.54 P.70-71	Table 44: Option 3C Scope 12 Bed Non-acute rehabilitation unit in the hospital Twelve (12) new non-acute inpatient beds to Level 6 Cahill-Cater Building (i.e., non-acute rehabilitation beds). The CSP & FBC are silent on whether other LHDs will have access to the non-acute rehabilitation beds. The MHB understand that SVNH have utilised Bloomfield Hospital, Orange well to respond to complex consumers who would re-present to the mental health services without that support. It notes this positively includes supporting consumers who need this support to reside at Bloomfield for a 3–6 month LOS in order to improve their well-being. The MHB are supportive of the proposed new 12-bed non-acute rehabilitation unit for people aged 18-65 years at SVHS and agree that there is benefit to having this service locally for	**Further information requested** • Consider updating the CSP & FBC on whether other LHDs will have access to the non-acute rehabilitation beds. • In consideration of improving access to other LHDs (without non-acute inpatient beds) to Bloomfield the MHB are interested to know whether, with a new (proposed) 12-bed non-acute unit, SVHN anticipate they will continue to use Bloomfield non-acute rehabilitation unit, and if so, for which patients and to what extent? SVHN to note that, once finalised, the non-acute/sub-acute model of care framework will inform the model of care for the proposed 12 bed Non-acute rehabilitation unit in the FBC.	

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	some patients, while its anticipated that other patients might benefit from separation from the local environment. The MHB have previously advised and the SVHN have noted a Ministry-led project is underway to develop a non-acute/sub-acute model of care framework.		
P.54	2.3.3 Current and future service demand - Mental Health Prevention and Recovery Centre (PARC) Proposed services that are not budgeted for in the FBC **(outside the scope of the 'funding envelope' of the FBC) but** are included in the FBC and CSP model of care - requiring funding for implementation/recurrent funding, include: • an 8-bed community-based Prevention and Recovery Centre (PARC) for short term (14-28 day) voluntary step-up and step-down residential care. A recurrent funding source would be required to realise this, in addition to land and capital funding. Detail on the PARC model is limited and requires greater elaboration. The MHB note the FBC proposal for the PARC is not funded under the FBC envelope and will require an identified funding source for build and ongoing recurrent funding.	**Further information requested** The Mental Health Branch would appreciate additional details on the proposed PARC 8 bed unit including: o possible funding sources for the PARC including land, building and recurrent operational costs o whether SVHS have a proposal as to where it might be located? about its model of care i.e. governance, service delivery (CMO provider etc).	
P.54	Table 29: Overnight bed and non-admitted activity projections - Acute mental health to FY2031	**For consideration**	

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	Pathways to community Living Initiative (PCLI) The FBC only provides minor acknowledgement of the PCLI Stage 2 community residential facility (8-10 bed currently pre-implementation), that is intended for the catchment. However, MHB note different mental health cohorts would be using the PARC step-up step-down in comparison to the PCLI program. It is anticipated there will not be a conflict/duplication by having the two services.	Consider strengthening reference in the FBC to the planned 8-10 bed PCLI service planned for the catchment and its place in the continuum of care.	
P.54	2.3.3 Current and future service demand Ambulatory Care – Non admitted occasions of service Virtual Health **SVHN's foresight and vision in ensuring the new Cahill-Cater** Building is fully virtually enabled (including for mental health service delivery) is applauded.	**For noting**	
P.54	2.3.3 Current and future service demand – Mental Health Assertive Care- Community based team Limited detail in the FBC about the proposed Flexible Assertive Community Treatment (FACT) team.	**Further information requested** SVHN to consider: ○ costing out the model of care for the proposed Assertive Care team ○ Clarify how this would be distinct from the homelessness team provide more detail about how the Assertive Care team would work noting some detail is in the CSP (p.81)	
P.54 P. 67 P.72 (see	2.3.3 Current and future service demand – Mental Health MHICU for JH-FMHN The MHB notes advice in the FBC	**For consideration** • SVHN consider providing to the MHB or engaging further with the MHB on any updated MHICU Clinical Services Plan, developed between SVHN and JH-FMHN.	

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Table 44)	*"SVHN is in discussions with NSW Health and the JH-FMHN to explore the provision of a new service by SVHN for correctional mental health intensive care capacity to support correctional services consumers"* and ***"A Clinical Services Plan for this specialised service is being*** *developed in partnership with JH-FMHN and if the parties agree for SVHN to provide this service it is proposed to be* ***delivered as part of the CCR".*** The MHB notes its engagement in discussions about the JH&FMHN MHICU was approx. 12 months ago. Discussions had not included the detail, for example, on funding, location or service delivery models. The MHB note the proposed 8 bed JH-FMHN MHICU is distinct from the 5 bed Freshwater Unit, adjacent to the Forensic Hospital in Malabar (to be opened in late 2023 and **delivered through the NSW Government's Statewide Mental** Health Infrastructure Program- SWMHIP).	SVHN engage with and provide further advice to the MHB [Directors of Disability and Social Policy, Planning Performance and Regulation, and Clinical Services} about the proposed MH-ICU for JH&FMHN including location, funding source etc.	
P. 57, 58	Pathology service: *'Approximately 50% of referrals come from* ***outside the St Vincent's Darlinghurst Campus'*** *'The relocation of pathology from its current location will provide additional space to expand pathology services'*	**For consideration** As 50% of work is generated on-campus, suggest considering if an on-site lab service model delivers the best value or possible partnership with offsite private providers (reducing the need for a larger on-site lab). Query if alternative models being investigated? Consider if there is opportunity for Point of Care offsite testing? **E.g. NSW Health Pathology's Statewide PoCT program**	

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P.65	4.1.3 While the initiatives mitigate the need for a more significant capital solution, these alone are not sufficient to meet the forecast demand of the CSP. Current MoC to reduce hospitalisation include HITH, telehealth, Homeless Health, ambulatory care clinics, community health including mental health and palliative care.	**For noting** Delivery of environmentally sustainable healthcare in hospital is interlinked with primary care activities. Keeping people healthy, well and independent in their homes and communities, providing care in innovative ways and in community settings improves patient experience and health outcomes and reduces emissions. The Climate Risk and Net Zero Unit are supportive of demand management initiatives including close partnerships with HITH, telehealth, Homeless Health, ambulatory care clinics and community health.	
P.66	4.1.3 A new kitchen / food service model is being delivered to manage the current state and future expansion needs as a separate project. The new kitchen / food service model will be delivered prior to the commissioning of the new Cahill-Cater Building.	**For consideration** Consider incorporating flexibility and a cook-fresh model for the new kitchen facility. This could include providing adequate space and a location adjacent to patient care areas to support preparation and provision of on-site fresh food services. Adequate space should also be available in the loading dock to support appropriate food waste management, e.g., composting organic waste streams. **These recommendations align with HealthShare NSW's approach** to deliver a patient centred meal experience for all patient cohorts and a zero-food waste approach by reducing drivers of food waste: outdated service models, lack of meal choice, meal timing, lack of customisation, meal presentation and meal quality.	
P.71	4.2 Preferred Option	**For consideration** Consider including age-appropriate beds and spaces for young people in the redevelopment plan. Consider co-designing spaces	

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	SVHN projects increased capacity in services that will be accessed by young people (aged 12-24), such as mental health services and Heart Lung Centre of Excellence inpatient beds (young people with cystic fibrosis, for example, will access this service). There is no mention of age-appropriate spaces for young people.	with young people – to ensure for example, that waiting rooms and facilities are welcoming for young people.	
P.72	Table 44: Option 3C Scope Subject to (further additional) funding being identified – Unit relocations, refurbishments Subject to (further additional) funding being identified: • Relocate Mental Health Administration from Level 6 **O'Brien Centre to Level 6** Cahill-Cater Building • Relocate U-space (a private mental health service for 16-**30 years) from Level 6 O'Brien Centre to Level 13 Cahill-**Cater Building **Major refurbishment of O'Brien Centre Level 6, with Link to** Cahill-Cater Building	**For noting** The Mental Health Branch note the proposal means mental health services will be delivered from 3 separate buildings being: Cahill-Cater; **O'Brien;** Xavier (Emergency Department).	
P.81 Table 46	Schedule of Accommodation – New Build: Gross departmental area planned for Pathology of approximately 3000m² on levels 14 and 15	**For consideration** Query if it would it be valuable to benchmark the planned **pathology space at St Vincent's against an NSW Health Pathology** equivalent lab in collaboration with NSW Health Pathology. Note there is no pathology activity data provided i.e. distinct SNOMED counts to support the proposed floorplan.	

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P.82, 83	Refurbishment of existing Pathology to accommodate relocation of ICU (2741m²) Concept design shows Pathology will be in a separate building from ED & ICU (Xavier Building), 11 floors up from ED and 8 floors up from ICU	**For consideration** As pathology is not planned to be adjacent to acute clinical areas, suggest models are developed/strengthened for: - specimen transport for samples that cannot be sent via PTS - release of Blood Products, e.g. presence of blood fridges	
P.91	7.3 Note that efficiency offsets are mentioned in recurrent costing. System Purchasing Branch notes that commissioning costs will be considered within the funding envelope available through annual Service Agreement discussions with the Chief Executive prior to site opening.	**For consideration** Consider developing an Efficiency Improvement Plan for financial sustainability tracking. What options around fixed costs have been considered? Suggest keep the Efficiency Improvement Plan dynamic, changing with new models of care, including the Agency for Clinical **Innovation's (ACI)** *Same day hip and knee joint replacement surgery*	
P.98	8.3 Benefits Realisation Benefits indicator for benefit #2 is currently limited in scope to *Patient Reported Outcome Measures (PROMS) for chronic heart failure & respiratory patients.*	**For consideration** Suggest the collection and analysis of patient reported outcome measures, as a part of benefits realisation, could be expanded to **further cohorts relevant to St Vincent's including Mental Health;** Alcohol and Other Drugs; Long Covid and Falls and other Leading Better Value Care Initiatives.	
P.98	8.3 Benefits Realisation **eHealth NSW notes the benefit "higher quality health care outcomes for consumers" is linked to modern** and fit for purpose clinical	**For noting** eHealth NSW supports the planned focus on virtual care and telehealth given the advancements and advantages that it provides and have proven in recent times.	

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	infrastructure that enables virtual care delivery.	eHealth NSW notes the NSW Health ICT Capability Blueprint v5 and NSW Health ICT standards and policies could be utilised to ensure the technology chosen is in-line with the ICT Capability Blueprint and NSW Health ICT Standards (further details on standards are below).	
P.101	Table 57- Key Strategies to deliver projected workforce Promoting Diversity and Inclusion Section	**For consideration** Consider including the use of Targeted position for Aboriginal peoples rather than Targeted advertising. Also consider promoting representation of Aboriginal Staff across all roles clinical and non-clinical, as well as having Aboriginal people in senior/roles and positions (already stated).	
P.112	Table 64 - Top 6 risks and mitigation strategies Funding Mitigation Strategy	**For consideration during further workforce planning** Instead of a focus on optimising workforce profile you could focus on optimising the Workforce diversity profile.	
P.113	10.4 Stakeholder Management eHealth NSW notes the development of a Project Communications and Engagement Plan (CEP) to guide all interactions with people involved, influenced, or impacted by the Cahill-Cater redevelopment.	**For noting** eHealth NSW would welcome the opportunity to be trusted advisor and a key stakeholder in the redevelopment consultation process.	
P.118	11.2 Economic: Greater sustainability of health services in adapting to changes in technology, adopting enhanced models of care and other business changes	**For consideration** Actions to avoid maladaptation are not included in the ESD Business Case Report. Maladaptation is defined by the Intergovernmental Panel on **Climate Change as 'actions that may lead to increased risk of**	

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		adverse climate related outcomes, increased vulnerability to **climate change, or diminished welfare now or in the future.' Most** often, maladaptation is an unintended consequence and may result in increasing greenhouse gas emissions or worsening health inequalities. Consider using a flexible, multi-sectoral and inclusive approach to adaptation planning that considers long term impacts.	

Appendix 2 – Clinical Services Plan 2030/2031			Attention: LHD / HI
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P.28	**'Vulnerable' Populations** Aboriginal People have been added to this section **and deemed 'at risk' priority** populations. Consider reframing language away from the deficit discourse model. Discussion of Aboriginal people should be placed in own section rather than categorising with mental health, AOD and homelessness.	**For future consideration during service planning**	
P.115	4.5.1 Aged Care Services (Clinical Services Plan)	**For future consideration during service planning** **Fifth dot point currently reads 'a transitional aged care program to support patients in the community while awaiting an aged care placement'.** **This does not accurately reflect the program's purpose under the Commonwealth's guidelines for this program. Suggest changing to:**	

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Appendix 2 – Clinical Services Plan 2030/2031			Attention: LHD / HI
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		'Transitional Aged Care Program, which provides short term care in the community after a hospital stay, to support improved functional independence and prevent premature entry to residential aged care'.	
P.180	Appendix E - **St Vincent's Hospital and Sacred Heart** Role Delineation The Clinical Services Plan notes that SVHN has a focus on at risk and vulnerable groups, with higher than state average alcohol and other drugs related presentations to ED and high numbers of patients experiencing complex social issues including homelessness. Young people (aged 12-24) are a particularly vulnerable population and are at a high risk of poor mental health, AOD dependence and homelessness. The Clinical Services Plan role delineation table does not include any current or future Youth Health or Child and Youth Mental Health roles.	**For future consideration during service planning** Consider how both Youth Health and Child and Youth Mental Health services may be supported in future serve planning activities.	

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Appendix 5 – Functional Briefs and Schedule of Accommodation			Attention: LHD / HI
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P.4	Description of Service/ Scope of Services **One of the 'Future changes planned for the service' is** described as the **establishment of a young adults'** diabetes service for patients transitioning from paediatric services.	**For consideration** Recommend considering other opportunities to embed transition support for young people.	

Appendix 10 – Workforce Plan			Attention: LHD / HI
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P. 22,23 & 41	The future proposed medical workforce model of care is somewhat unclear. The Plan predicts a move towards more generalist medical positions, potentially requiring an increase in medical FTE.	**For consideration** If a general medical workforce is to be funded, it should be considered in the workforce plan	
P.25	PESTLE Analysis Suggest the plans also considers the risk of overseas visa and competition of overseas markets for health professionals	**For consideration** Attraction of health professionals from overseas will be a risk that also needs to be considered.	
P.28	Pathology There are 22 allied health positions planned for pathology. Typically, no allied health professionals work in pathology services – could these be	**For review** Review the allied health allocation for pathology services, suggest the 22 FTE may need be re-categorised as scientific and technical staff.	

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	pathology scientists and technicians? These are not considered allied health professionals in NSW Health		
P.31	Mental Health Considering the increase in medical and nursing staff, 10 FTE for allied health appears somewhat low for the model of care described including the increase in beds, the inclusion of a MHICU and rehab unit. - Occupational Therapy is not included in the description of extra allied health – they will be particularly critical for the MH rehab unit. - Consideration should be given to including an art therapist, including to support the MHICU and rehab unit - Peer workers are not considered allied health and should be excluded from the allied health FTE and re-categorised in the table.	**For consideration and update as required** Consider allied health FTE required for the proposed expanded, in particular the rehab unit and MHICU Suggest removing peer workers from the allied health FTE and add as a separate line in the table.	
P.31	Heart Lung Rehab 5.8 FTE of allied health are included in the table, however the description for the workforce describes 10.8 FTE extra allied health required.	**For review** Suggest review the table of extra FTE for Heart Lung Rehab for possible error.	
P.33	General Ambulatory Care The increase in allied health to support ambulatory care is welcome, however, the nursing FTE appears high for an ambulatory unit which provides a large number of allied health and medical services. It is noted that 1.5FTE of corporate and hospital support	**For consideration**	

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	is included. Does this include administration, as it seems low for extended hour clinics?		
P.34	ICU 9.6FTE are included for the ICU unit. It is not clear which allied health professions will be included here.	**For consideration** Recommend specifying the allied health professions included in the extra FTE for ICU	
P.36	Diabetes The additional allied health FTE for diabetes and endocrinology appears low given the service described and increase in medical and nursing staff. Only an extra exercise physiologist and podiatrist will be included in the service.	**For consideration** Consider requirements for other allied health roles including dietitians, social workers and /or psychologists.	
P.40	There are significant benefits on utilising Allied Health Assistants across models of care	**For consideration** Suggest further consideration around the utilisation of Allied Health Assistant workforce opportunities	
P.47 & 48	**Objective 1: … a minimum of 1.8% representation** level at all salary levels and occupations.	**For review and noting** Suggest including reference to the NSW Health Good Health Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 Note that a revised version of the Framework is planned for release in 2023 with an updated minimum target of 3.43% Aboriginal workforce representation.	
P.49	Reference to recently appointed Indigenous Recruitment Advisor	**For noting**	

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		Use of the term Aboriginal is more appropriate, please refer to linked policy on preferred terminology- https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_319.pdf	

Appendix 11 – Financial Impact Statement			Attention: LHD / HI
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P.22	FIS 7.0 Recurrent cost and budget Forecast Table 7.1 eHealth NSW notes that base year actuals for 2021/22 do not make any provision for ICT costs, which would tend to underestimate the funding gap of $68.8m identified at 7.2.	**For consideration** eHealth understands that the financial arrangements for SVHN differs from Public Sector Health Agencies but would recommend that these costs are reviewed further.	

Appendix 21 – ICT Strategy (Plan)			Attention: LHD / HI
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P. 3 & 10	Executive Summary eHealth NSW notes the 5th dot point – 'Leverage off and comply with key SVHA and eHealth standards and guidelines (Section 1.2.2 –	**For review and update** Local standards, such as those of an LHD or NSW Health organisation take precedence after (not before or above or supersede) National and International Regulations &	

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	SVHS Documents & 1.2.3 – Strategy and Standards Reference Documents). SVHA standards take precedence and eHealth Standards apply when agreed that they fill a gap in SVHA existing standards, or they supersede SVHAs standards.' eHealth NSW advises that there are NSW Health (not eHealth NSW) state-wide ICT Standards. NSW Health state-wide published ICT Standards and Guidelines can be found at the NSW Health intranet https://intranet.hss.health.nsw.gov.au/publications/state-wide-ict-policies-and-standards Copies for parties outside of NSW Health involved in **redevelopments may be obtained from Health Infrastructure NSW's** Knowledge Library. Each NSW Health ICT standard has a section on precedence of standards.	Standards, NSW Government Regulations and Standards and NSW Health Standards. eHealth NSW welcomes the opportunity to advise SVHA and SVHN/SVHS on optimally applying standards in the Cahill-Cater Redevelopment project.	
P. 12	1.2.4 Next Steps **eHealth NSW notes "the future development of this Strategy will** include several workshops and coordination with users and ICT teams within SVHS and SVHA to determine what systems are currently being used, how they can be integrated with the new Cahill-Cater Redevelopment (CCR), what standards should be adopted (e.g., HI guidelines, NSW health ICT cabling standards, SVHA ICT specifications etc) and to **clearly define the ICT services scope".**	**For noting** eHealth NSW would welcome the opportunity to attend Workshops as a Trusted Advisor and a key stakeholder to SVHA and SVHM/SVHS in the redevelopment consultation process. eHealth NSW notes we have recently engaged (March **2023) on a Digital Capability Assessment for St. Vincent's** Health Network (SVHN).	
P. 13	1.3.1 Cahill-Cater Redevelopment (CCR) Scope Inclusions	**For consideration**	

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	eHealth NSW notes "the scope of the ICT Services Strategy for the CCR includes all 18 **domains of the ICT stack as per figure 1 below."**	eHealth NSW suggests that the ICT Stack in figure 1 be cross-compared, gap analysed, and aligned to the NSW Health ICT Capability Blueprint. Some useful insights may result from the effort.	
P. 18	2.1.1 SVHS Workshops **eHealth NSW notes the aim for "improved IT support, data** download and upload speeds for hard wired and Wi-**Fi capability."**	**For noting** eHealth NSW welcomes the opportunity to consult with SVHA and SVHN/SVHS on optimising network performance and reliability. It is worth noting that Mobile Duress and emerging Patient Nurse Call offerings place greater emphasis on long distance Wi-Fi and RTLS.	
P.22	5 ICT Design Principles and Guidelines – Infrastructure **eHealth NSW notes the comment "the diagram below depicts** generic relationships between ICT infrastructure in a new health **facility redevelopment."**	**For noting** eHealth NSW welcomes the use of material from Health **Infrastructure NSW's (HI) Engineering Services Guide (ESG)** and notes that the diagram gives a view of increasing number and complexity of pre-requisites, which is a very helpful view for project managers, builders, and sub-contractors in a redevelopment. eHealth NSW is in partnership with HI NSW to provide ICT strategic and architectural advice for redevelopments. eHealth NSW would welcome the opportunity to be Trusted Advisor and a key stakeholder to SVHA and SVHM/SVHS in the redevelopment consultation process.	
P.22 & 23	5.1 SVHS ICT Standard Vendors and Models of Equipment **eHealth NSW notes the comment "it is common practice for any** hospital ICT team to define vendor and equipment standards. This is	**For consideration** eHealth NSW advises that it performs, on request, Option Analyses (OA) of vendor offerings and welcomes the	

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	done for many reasons including supportability, economies of scale and risk minimisation. It is also normal practice to have a continuous process of review of these standards. Examples of these standards currently in use in the SVHA include; • **SIEMON as the nominated** wired network vendor • **ASCOM nurse call system as the nominated vendor** • **NTT as the nominated wireless network vendor as they have an** existing contract with SVHA • **FujiFilm nominated printer provider** As part of the continuous process of review of standards, the above examples may change. In addition, standards for telephony may **emerge."**	opportunity to consult on these with SVHA and SVHN /SVHS. For example, a recent OA request received was for new Patient Nurse Call solutions. NSW Health has developed state-wide ICT Standards for Wired and Wi-Fi Campus LANs, Network Cabling, Equipment and Telecommunication Rooms and Print & Scan Systems these may be of interest to SVHA and SVHN /SVHS.	
P. 29	7.5 Technical Security & Standardization **eHealth NSW notes the comment "simplified, modern and cyber-**resilient platform model that maximises return on investment in **EMR."**	**For noting** eHealth NSW advises that it undertakes Cyber Security assessments for NSW Health through its Privacy and Security Assurance Framework (PSAF) process.	
P. 44 - 50	16 Appendix 2 - ICT Scope eHealth NSW notes the detailed list of in-scope ICT related services of the Cahill-Cater redevelopment. eHealth NSW advises that there are relevant NSW Health state-wide ICT standards and guidelines in the following areas mentioned in appendix 2: • Data Cabling • Campus LAN Wired and Wi-Fi • Unified Communications • Mobile and Smart Devices • End User Devices	**For noting** NSW Health state-wide published ICT Standards and Guidelines can be found at https://intranet.hss.health.nsw.gov.au/publications/state-wide-ict-policies-and-standards Copies for parties outside of NSW Health involved in redevelopments may be obtained from Health **Infrastructure NSW's Knowledge Library.**	

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	• Print and Scan • Video Conferencing • Health Managed Meeting Rooms • Equipment and Telecommunication Rooms • Building and Personnel Security (BPS) • Medical Devices • Internet of Things • Patient Entertainment Systems • Cellular and Digital Antennae Systems (in development) • Patient Queue Management		
P. 28 P. 59	7.4 Operational Excellence 17.10 Video Conferencing and TeleHealth **eHealth NSW notes that the St Vincent's Hospital Sydney (SVHS)** vision envisages a seamless patient journey that includes virtual care, and that Video Conferencing and TeleHealth equipment will be required based on SVHS standards.	**For noting** eHealth NSW supports the planned focus on virtual care and Telehealth given the advancements and advantages it provides and has proven in recent times.	