



St Vincent's Healthcare Network Sydney

Capital Investment Proposal

Cahill Cater Redevelopment

2022

1. PROPOSAL OVERVIEW

1.1 Organisation Details

Organisation: St Vincent's Healthcare Network Sydney (SVHNS)

Contact Officer: Anna McFadgen

Position: Executive Director Strategy, Planning & Partnerships

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1.2 Proposal Details

Proposal name: Cahill-Cater Redevelopment

1.3 Relevant Documents and Current Planning Status

This section should note any specific planning that has occurred in relation to the proposal, such as:

- *completion of a Clinical Services Plan to support the investment*
- *completion of any detailed cost modelling*
- *development of business cases*
- *availability of Strategic Asset Management and Asset Management Plans to underpin the proposal*

Please list any relevant documents underpinning the Investment Proposal in a table and include the current status.

Document	Status
<i>Clinical Service Plan</i>	<i>Complete awaiting endorsement by MoH [2022]. Currently with MoH for final review.</i>
<i>Masterplan</i>	<i>Complete [2017, refreshed 2021]</i>
<i>Preliminary Business Case</i>	<i>Complete [2017]</i>
<i>Strategic Asset management Plan</i>	<i>Underway due for completion in June 2022 as part of Cahill-Cater Redevelopment Final Business Case</i>
<i>Final Business Case</i>	<i>Underway, due for submission October 2022</i>

1.4 Consultation

A comprehensive stakeholder consultation process has informed the development of the Darlinghurst Integrated Healthcare Campus Clinical Services Plan and Cahill-Cater Redevelopment Final Business Case. This has included SVHNS staff, consumers, Executive as well as Darlinghurst Precinct Partners, Local and State Government, NSW Ministry of Health, Health Infrastructure, partner LHDs and the broader SVHNS community.

A detailed Community and Stakeholder Engagement Plan is being developed as part of the Cahill-Cater Redevelopment Final Business Case.

1.5 Board Endorsement

Has the Organisation's governing board endorsed this proposal? Yes [] No []

1.6 Chief Executive Approval

Name: A/Prof Anthony Schembri

Position: Chief Executive Officer

Signature: 

2. PROPOSAL DESCRIPTION

2.1 Proposal Description

St Vincent's Health Network Sydney has an ambitious Vision to improve the health and wellbeing of our community, enhance our contribution to life sciences research and education and to strengthen our reputation as an employer of choice through the Cahill-Cater Redevelopment Project.

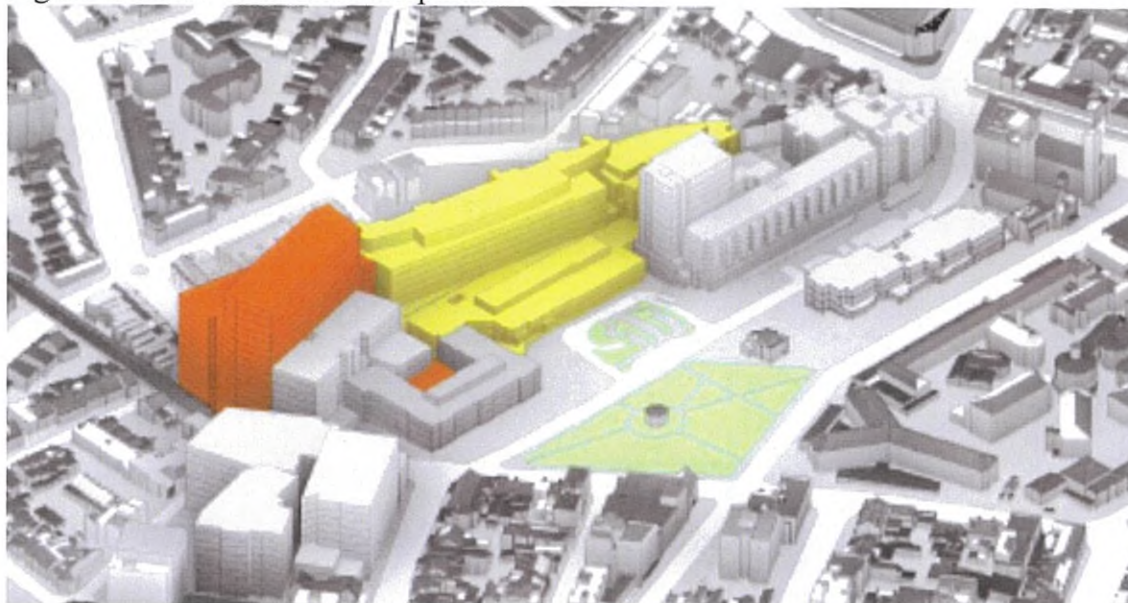
The Cahill Cater Redevelopment will create a new, contemporary health facility on the St Vincent's Darlinghurst Campus site as well as substantial refurbishment of the existing Xavier and Aikenhead public hospital buildings in order to enhance access to statewide services, improve health outcomes and experiences for our consumers and carers, particularly for vulnerable populations, enhance efficiency of service delivery and create a greater return on investment and optimise the unique value proposition provided by St Vincent's to the NSW Government and community.

This redevelopment will provide additional built capacity in response to the needs outlined in St Vincent's Integrated Healthcare Campus Darlinghurst Clinical Services Plan-2030/31, which builds on the previous Clinical Service Plan delivered in 2017. The project will deliver expanded and enhanced clinical capacity for our flagship heart lung Centre of Excellence and Mental Health programme as well as expanded capacity for ambulatory care, interventional and diagnostic services.

Specifically the Project will deliver:

- 60 additional Heart Lung Institute inpatient beds
- Significant increase in virtually enabled ambulatory care consult and treatment spaces to enable creation of a rapid access ambulatory care hub for patients across the state
- A dedicated Heart-Lung-Vascular Ambulatory Care centre, and a central Infusions and Medical Ambulatory Care Centre
- 10 additional public ICU beds and 6 private ICU beds
- 24 additional Mental health inpatient beds
- Additional interventional spaces including 1 Operating Room, 1 Interventional Radiology Suites, 1 Cardiac Catheter Laboratory and 3 procedure rooms
- Additional medical imaging spaces (CT, X-ray, Ultrasound, Bone Densitometry)
- Additional education spaces
- 2 floors of carparking

Figure 1: Cahill Cater Redevelopment



In October 2017 SVHS completed a Strategic Business Case (SBC) supporting the proposed redevelopment. In November 2020 the NSW Ministry of Health provided \$25 million as an initial investment in the redevelopment of the St Vincent's Campus. This funding will deliver new and expanded intensive care and heart lung capacity for the Campus as well as enable planning to progress for the delivery of the new Cahill-Cater facility, with a Final Business Case due to be submitted to State Government in October 2022.

Consistent with the Clinical Services Strategy and Plan, the Project seeks to address identified shortfalls in the scope of public health services as identified in the CSP and maximise the co-location with SVPHS to optimise future-proofing strategies against unplanned demand activity peaks in the public hospital.

An investment in St Vincent's offers the best value-for-money to the State because it:

- offers a unique investment opportunity, whereby every \$1.00 of Government funding in bricks and mortar for public health facilitates an additional \$0.30 in non-government capital funding, including significant philanthropic contributions and utilising land which is held in trust by the Trustees of St Vincent's Hospital Sydney
- introduces new and enhanced models of integrated, ambulatory care that will reduce inpatient treatment and increase treatment capacity
- enables expanded delivery of virtual care, providing patients in rural and regional locations greater access to leading healthcare including tertiary and quaternary services
- leverages the co-located public and private healthcare campus to deliver economies of scale through the sharing of infrastructure and equipment
- invests in St Vincent's medical and nursing trainees who are highly sought after by all LHDs
- creates public health benefits with a benefit cost ratio of 1.8:1.

2.2 Investment Drivers

The Cahill-Cater Redevelopment seeks to respond to three key investment drivers:

1. A lack of capacity and scale which limits St Vincent's ability to provide its flagship services to the community
2. Dispersed, outdated & inefficient infrastructure which compromises consumer & staff experience
3. Failure to leverage St Vincent's unique value proposition & expertise which compromises the opportunity to optimise public investment

The key project benefits delivered through this Project are:

1. Greater access to flagship and Supra-LHD services for patients across the state, particularly for our vulnerable populations (including consumers from rural and regional areas)
2. Higher quality healthcare outcomes and experience for consumers and staff
3. More efficient and effective service delivery and greater return on investment
4. Increased health innovation and national and international competitiveness

These benefits are linked to the following service outcomes:

- Enhanced service provision to the hospital's communities – the local population, poor and vulnerable, users of flagship services and the highly transient population that come into the area on weekdays and at night on weekends
- Improved patient access and waiting times
- New Models and Care and approaches to treatment, enhancing access, experience of care and patient outcomes
- Patients cared for in the most appropriate environment, including transfer of activity from overnight to same day and improved pathways into community-based care
- Patients experience integrated care that is focused around their health needs, e.g., establishment of: Centre of Excellence Heart, Lung, Vascular Centre
- Enhanced staff recruitment and retention

These drivers, benefits and measures are outlined in the table below.

Investment Driver	Problem Description	Project Response	Anticipated Benefit and Measure
<p>Lack of capacity & scale limit St Vincent's ability to provide its flagship services to the community</p>	<p>St Vincent's is a statewide, specialist and supra-regional provider of heart lung services, the designated provider of heart-lung transplantation and a tertiary provider of specialist Mental Health services.</p> <p>Clinical Services Plan projections indicate that demand for Heart Lung services will increase by more than 44% over the decade.</p> <p>Additionally, St Vincent's is committed to improving equity of access to our specialist services from vulnerable populations, including consumers from rural and regional areas. This includes through an ongoing partnership with Murrumbidgee LHD.</p> <p>The current capacity at the Darlinghurst Campus is insufficient to meet both current and projected demand for these specialist services.</p>	<p>Expand capacity to meet demand for flagship services.</p> <p>Upgrade and enhance facilities to provide:</p> <ul style="list-style-type: none"> an increase in Heart Lung and Mental Health beds and ambulatory care spaces; optimised campus assets to increase shared facilities and services establishment of a Centre of Excellence in Heart Lung enabling expanded capacity and colocation of services while enhancing integrated care establishment of a Mental Health Intensive Care Unit 	<p>Greater access to flagship services as measured by:</p> <ul style="list-style-type: none"> Annual presentations for heart lung and mental health services Patient flows from rural and regional LHDs Wait times for service access Surgical Hours Wait times for Mental Health admissions Mental Health 28-day readmission rate ETP KPI performance is met or exceeded and maintained in context of increasing volume and acuity NSW Ambulance Transfer of Care (TOC) KPI performance (<=30mins) is met and maintained
<p>Dispersed, outdated & inefficient infrastructure compromises consumer & staff experience</p>	<p>Current capacity and infrastructure for some of St Vincent's flagship services is dispersed and disaggregated across the campus leading to inefficiency and sub-optimal patient experience.</p> <p>Significant opportunity exists to enhance efficiency, workflows, communication and collaboration through consolidation of services, particularly for the Heart Lung Centre of Excellence.</p> <p>Insufficient and dispersed ambulatory care capacity limits opportunity to realise the rapid diagnosis and ambulatory care centre model of care articulated in the Darlinghurst Clinical Services Plan. This contributes to longer lengths of stay and a sub-optimal consumer and carer experience.</p>	<p>Expand capacity to meet demand for flagship services</p> <ul style="list-style-type: none"> Increased capacity in critical care, operating theatres, diagnostics, acute, and ambulatory care Consolidate capacity for flagship Heart Lung Service Consolidate capacity for ambulatory care and infusions <p>New, expanded integrated ambulatory care capacity will facilitate the development of a rapid access hub with same-day screening, diagnostics and treatment. This will create opportunities for multi-day or overnight care substitution as well as provide a superior consumer and carer experience through improved way finding, communication and staff collaboration.</p>	<p>Higher quality health care outcomes & experience for consumers & staff as measured by:</p> <ul style="list-style-type: none"> Patient outcomes (PROMS) Access to urgent and routine specialities appointments Consumer feedback % of consumers rating experience 'very good/excellent' No. of consumer / customer complaints <p>More efficient service delivery as measured by:</p>

Investment Driver	Problem Description	Project Response	Anticipated Benefit and Measure
Failure to leverage St Vincent's unique value proposition & expertise misses opportunity to optimise public investment	<p>The Darlinghurst Integrated Healthcare Campus is a unique public/private healthcare campus with both public and private clinical services operated by St Vincent's Health Australia, augmented by key research and education partners including the Garvan Institute, Victor Chang Cardiac Research Institute and Notre Dame University Australia.</p> <p>Historically the opportunity afforded by the public/private colocation has not been fully optimised in terms of both clinical service delivery and support services functions.</p> <p>Additionally the limited scale of existing clinical services facilities at SVHNS limits the potential of the clinical/research partnerships with Garvan and VCCRI.</p> <p>Significant opportunity exists through the Cahill-Cater Redevelopment Project to provide more integrated public/private clinical capacity and fully leverage the unique value proposition of the Darlinghurst Campus.</p>	<p>Expand capacity to meet demand for flagship services across the Campus including</p> <ul style="list-style-type: none"> Expanded public and private intensive care capacity, collocated for improved efficiency Expanded procedural capacity for public and private, collocated for improved flexibility and efficiency New, consolidated and expanded ambulatory and infusion capacity, creating more space for clinical trials and more opportunities to bring our life changing research to a broader reach of patients. 	<ul style="list-style-type: none"> Health Service Unit Costs (Cost per NWAU) Average Length of Stay Hospital bed days <p>Increased health innovation & national / international competitiveness as measured by:</p> <ul style="list-style-type: none"> Staff surveys showing increased satisfaction % recruitment success for specialty positions Staff retention rates above average for NSW Increase in the number of students (from all clinical specialties) undertaking placements in services Non-Government investment Increase in research publications across the Campus and volume of clinical trials activity

2.3 Options Considered

Appendix C of the State-wide Investment and Prioritisation Framework)

The Cahill-Cater Redevelopment Project has considered three high-level capital options as well as a range of non-capital solutions.

The capital options are:

1. Base Case – 'Do Nothing' (also represents the Minimum Capital Spend Option)
2. Campus Redevelopment Options (the Preliminary Business Case considered nine options, with an assessment and prioritisation process resulting in four shortlisted options)
3. Preferred Option

Base Case – 'Do Nothing'

The base case reflects a "status quo" scenario involving minimal essential expenditure to keep St Vincent's Hospital in an operationally safe condition. The base case does

not respond to projected increases in demand for services as identified in the CSP, and does not seek to achieve all of SVHA's vision and mission, but is provided as a baseline against which realistic options will be compared and assessed. The base case allows for periodical expenditure to replace life-expired plant and equipment, and minor works to refresh and upgrade existing facilities. It does not allow for any major capital expenditure on new or expanded facilities, unless these projects have already commenced.

As demand for both local and Supra-LHD services continues to increase, extreme peaks in admissions will occur more regularly and, without the necessary investment, St Vincent's will need to:

- employ heightened staffing levels over longer days to obtain greater performance from existing facilities (by increasing headcount, or overtime)
- defer elective surgery to make way for medical and urgent surgical admissions from the ED, thus increasing elective surgery wait times and affecting access to timely care
- defer bookings for outpatient and ambulatory care
- accept that Emergency Admission Performance targets will not be achieved as presentations continue to increase due to bed block
- increase delays for diagnosis and treatment.

All of the above responses will lead to poorer access and outcomes for St Vincent's patients.

For this proposal the Base Care also represents the minimum capital spend option. This strategy will fail to respond to projected service demand because large increases in space (well in excess of current refurbishment opportunities) are required to accommodate inpatients and outpatients, even after implementing the demand management and changes in Models of Care. Compliance with the Australian Health Facility Guidelines will also not be possible.

Retention and refurbishment of the existing Cahill and Cater buildings was also considered, however the trade-off in functionality for the cost savings achieved was analysed and assessed to be poor value for money.

Decanting options include relocation of non-core services to off-site leased premises, thus avoiding the need for high levels of capital investment for temporary accommodation.

Campus Redevelopment Options

From the Masterplan, a long list of nine options were developed that considered various combinations of decanting solutions, development options, development sequencing, and campus functionality. The options were reviewed against the following evaluation criteria which reflect the project objectives:

- ability to respond to service needs identified in the CSP
- delivers functional relationships that support agreed models of care

- delivers additional IPU, ICU and interventional capacity in a reasonable time frame
- provides a prominent Ambulatory Care and Heart Lung Vascular Centre
- addresses car parking capacity early
- early provision of privately funded capacity
- early demolition of underutilised Cahill Cater buildings.

A short list of four options emerged for further development and evaluation. These options were subsequently further refined throughout the planning process in 2020 and 2021. The stacking of Cahill Cater was tested many times under a number of key scenarios including:

- best clinical functionality,
- best 'balanced' mix of funding and clinical function
- best achievement of campus integration (public and private capacity)

Preferred Option

Based on the above assessment, a preferred option has been identified which delivers the following priority scope to align with the CSP and Campus priorities:

- 60 additional Heart Lung Institute inpatient beds
- Significantly increased additional ambulatory care consult and treatment spaces to enable creation of a rapid access ambulatory care hub
- A dedicated Heart-Lung-Vascular Ambulatory Care centre, and a central Infusions and Medical Ambulatory Care Centre
- 10 additional public ICU beds and 6 private ICU beds
- 24 additional Mental health inpatient beds
- Additional interventional spaces including 2 Operating Rooms, 2 Interventional Radiology Suites, 1 Cardiac Catheter Laboratory and 3 procedure rooms
- Additional medical imaging spaces (CT, X-ray, Ultrasound, Bone Densitometry)
- Additional education spaces
- 2 floors of carparking

Non-Capital Solutions

Non-capital solutions included consideration of:

- demand management solutions
- meeting demand elsewhere
- lease options
- extended operating hours
- opportunities for partnering with external (non-government) providers.

St Vincent's is already progressing several of the non-capital solutions in advance of any capital redevelopment in order to urgently respond to increasing demand and augment the capacity that will be delivered by a future redevelopment. These include:

- Demand Management (keeping people out of the acute system), including:
 - improved primary care, especially for homeless and marginalised patients (Homeless Health Program) and through expanded NGO partnerships
 - continuation of the pre- and post- admission consultations in doctors' private rooms (generally in the St Vincent's Clinic)
- Alternative Service Delivery Models (streaming patients to less capital intensive facilities), including:
 - expansion of telehealth services to additional specialties to reduce the need for patients to travel to the campus, especially for follow-up consultations
 - expansion of the Hospital In The Home model for local residents, supported by telehealth, to reduce the need for inpatient beds
 - implementing the Ambulatory Care strategic commitment to treat patients in ambulatory care settings (inpatient and outpatient) rather than as overnight inpatients through more active benchmarking and changes in models of care
 - increasing the percentage of privately insured patients transferring to the private hospital through changed roles of medical practitioners, covered by a revision to the MoH funding model
 - increasing use of the South Eastern Sydney LHD network of services for greater efficiency in low volume services
- Extended operating hours, including:
 - extending the operating hours in peri-operative to have some 12 hour theatre lists
 - introduction of evening and Saturday morning clinics to provide additional capacity with existing infrastructure
- Service consolidations into a single provider across the campus, bringing together the public and private clinical support services to deliver efficiencies in staffing, equipment, resource allocation and rostering.

Note that some of these may require capital funding, such as the equipment for telehealth or ICT, or shell space for NGOs to fit-out and operate.

3. STRATEGIC ALIGNMENT OF PREFERRED OPTION

The following sections should address how the preferred option meets the test criteria for the three strategic alignment tests in the **State-wide Investment and Prioritisation Framework**, including alignment with the Investment Principles included at **Appendix A** of the Framework.

Note: Please include a page reference (including version) to your organisation's Strategic Asset Management Plan/Asset Management Plan for any commentary relating to assets at end-of-life, in poor condition or other relevant information.

3.1 Strategic need and benefit

NSW policy alignment

St Vincent's Hospital Sydney is predominantly publicly funded and operates as part of the NSW public health system as an Affiliated Health Organisation under the Health Services Act. The Hospital operates within the strategic policy environment of the NSW Government and the Ministry of Health as well as our organisation's strategic aims, to contribute to better health outcomes in NSW.

NSW Premier's priorities

NSW Premiers Priorities	Our response
Improving service levels in hospitals <ul style="list-style-type: none"> With 100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023. 	Expanded capacity for flagship health services including Heart Lung, Mental Health as well as expanded ambulatory and interventional capacity will support improved service levels across several access indicators. New models of integrated will ensure more patients receive treatment within four hours of presenting to hospital.
Improving outpatient and community care <ul style="list-style-type: none"> Reduce preventable visits to hospital by 5% through to 2023 by caring for people in the community. 	Expanded integrated ambulatory care models including the Heart Lung Institute will support substitution of overnight, bed-based care with ambulatory care. New facilities will also enable virtual care provision supported by the St Vincent's @ Home transformation program.
Towards Zero Suicides <ul style="list-style-type: none"> Reduce the rate of suicide deaths in NSW by 20% by 2023. 	The CCR will addressing gaps in the care continuum with innovative community-based service models and more step down options as well as the establishment of Mental Health Intensive Care beds to support high complexity, high acuity consumers seeking mental health care.
Reducing homelessness <ul style="list-style-type: none"> Reduce homelessness across NSW by 50% by 2025. 	Addressing the social determinants of health for vulnerable populations is core to the mission of St Vincent's and the strategy for the Darlinghurst Campus. People experiencing homelessness are a priority population for St Vincent's.

NSW 20-Year Health Infrastructure Strategy

The 20 year Infrastructure Strategy is guided by four principles, which have been developed into investment principles under the NSW Statewide Investment and Prioritisation Framework. The response in the CSP to these guiding principles and the investment principles is the table below.

Guiding principle	Our Response
The future patient is wellbeing-focused, digitally enabled and wants to direct their care	<p>The CCR will support model of care changes across many specialty areas to respond to changing consumer preferences, particularly for virtually-enabled care in the home.</p> <p>The facility will support virtual care across all streams.</p> <p>The creation of a rapid access ambulatory hub in the new CCR will also support greater patient involvement in, and direction of their care, through more integrated, seamless assessment, diagnosis and treatment pathways.</p>
The future workforce is highly skilled, digitally enabled and flexible, with a culture of leadership and innovation	The models of care supported by the CCR will require an enabling workforce with new skills particularly in digital care. St Vincent's is working with our education partners to build these new skills into graduate and post graduate education, and through the St Vincent's @ Home program is upskilling staff for virtual care.
Future services will flourish within a market of innovative, networked providers who drive collaboration and sharing across the entire health system	St Vincent's Centre of Excellence Strategy enables innovation to flourish by leveraging the cross Precinct strengths in clinical excellence, basic and translational research. The new CCR will significantly enhance our flagship Heart Lung Centre of Excellence and further enhance research and education partnerships for this important service.
Future health infrastructure will be diverse, agile and sustainable.	The new CCR focuses on the development of a rapid access ambulatory centre, designed for flexibility and agility and including flexible outpatient, same day procedural capacity and virtual care facilities. Sustainability of both service and environment will be a core feature of the new facility.

3.2 System and Service Transformation

A core feature of the CCR is the creation of a rapid access ambulatory hub for integrated and rapid screening, diagnosis and early treatment. This is enabled by a centralised and consolidated ambulatory care centre and also through the development of an integrated ambulatory, diagnostic and overnight Centre of Excellence for Heart Lung services.

Consistent with St Vincent's virtual care strategy, the new facility will be entirely built with infrastructure to support out-of-hospital care, particularly to focus on bringing tertiary and specialty level expertise to vulnerable populations in rural and regional areas. The Rapid Access Ambulatory Hub is expected to prevent avoidable ED

presentations by providing a pathway for rapid screening and diagnosis and streaming of patients to a more appropriate care setting.

Digital infrastructure in the new facility, including in both clinical, non-clinical and education spaces will enable networked services and knowledge transfer across the system, particularly for our specialist and supra-regional services.

3.3 Sustainability and Efficiency

The CCR presents St Vincent's with an opportunity to consolidate several services into a single facility, thereby significantly improving operational and clinical efficiency. This is relevant particularly for our flagship Heart Lung program but also for ambulatory care functions.

A detailed Financial Impact Statement and Cost Benefit Analysis is being prepared as part of the Final Business Case.

4. ESTIMATED CAPITAL COST

4.1 Capital Cost Estimate

The Estimated Total Cost of the Cahill Cater Project is \$526m and assumes escalation of construction costs at 5% in 2022 and 3.5% annually to 2029 (based on Draft Cost Plan B, May 2022).

St Vincent's is in a unique position in the NSW Health system, where it can employ a number of alternative funding solutions to develop assets, including; NSW Treasury capital, St Vincent's Health Australia (SVHA) corporate debt, philanthropy, development partners and service partners. Funding for the Cahill Cater Project will involve a mix of sources, including an \$80m philanthropic contribution from the friends and benefactors of St Vincent's facilitated through the St Vincent's Curran Foundation and a contribution to the cost of car parking from the Trustees of St Vincent's Hospital Sydney.

The capital request of the NSW Ministry of Health for the Cahill Cater Project is \$409m. Of this, an initial instalment of \$25m has already been provided to enable priority works to be completed and planning to progress for the Main Works. The table below summarises proposed funding sources and uses of funding to deliver the Cahill Cater Project.

Capital Cost Summary by Project and Funder

Sources of Funding	Total Funding (\$m)	% of Capital
NSW Ministry of Health	384	73%
SVPH	39	7%
Trustees of SVH	23	5%

Sources of Funding	Total Funding (\$m)	% of Capital
SVHA - Philanthropy	80	15%
Total	526	100%

The Cahill Cater Project also utilises land which is held in trust by the Trustees of St Vincent's Hospital. The land value has not been included in the \$526m estimated project cost above, but SVHS will seek the Trustees consent to utilise this land as part of this project for the continuing benefit of the Public Hospital (consistent with the Saint Vincent's Hospital Act 1912 NSW).

From a recurrent perspective, St Vincent's planned clinical service efficiency initiatives will generate a lower recurrent cost requirement and partially absorb some of the initial growth in costs over the next two to three years. Normal growth funding will support the remainder. The Base Case scenario is anticipated to absorb some of the forecast increase in activity until the facilities reach capacity.

The 2022 Costing template (Attachment 1) has been provided by Health Infrastructure to assist in the development of a well-considered estimate.

For further assistance with the Costing template, please contact:

Asset & Project Advisory Services
 Health Infrastructure
Lachlan.Lavery@health.nsw.gov.au

The Cost Plan for the CCR is being further developed as part of the Final Business Case which will be submitted to Government in October 2022.

5. PRELIMINARY COST BENEFIT ANALYSIS

5.1 Preliminary Cost Benefit Analysis (PCBA) Excel Template

A detailed Cost Benefit Analysis is being developed as part of the Cahill Cater Redevelopment Final Business Case which will be submitted to Government in October 2022.

For further assistance with the PCBA template, please contact:

Strategic Analysis and Investment Unit
Strategic Reform and Planning Branch, NSW Ministry of Health
MOH-CaSPA@health.nsw.gov.au