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Design & Developement

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Design & Developement

Youang Surgery Centre Redevelopment

Amanda Cameron,
Chief Operating Officer

Barwon Health

16 October 2025

Acknowledgement of Country

We, Barwon Health, acknowledge the Traditional Owners of the land, the Wadawurrung people of the Kulin Nation.

We pay our respects to Elders past, present and emerging.

We thank the Traditional Owners for custodianship of the land and celebrate the continuing culture of the Wadawurrung people acknowledging the memory of honourable ancestors.

Barwon Health

Overview of Geelong
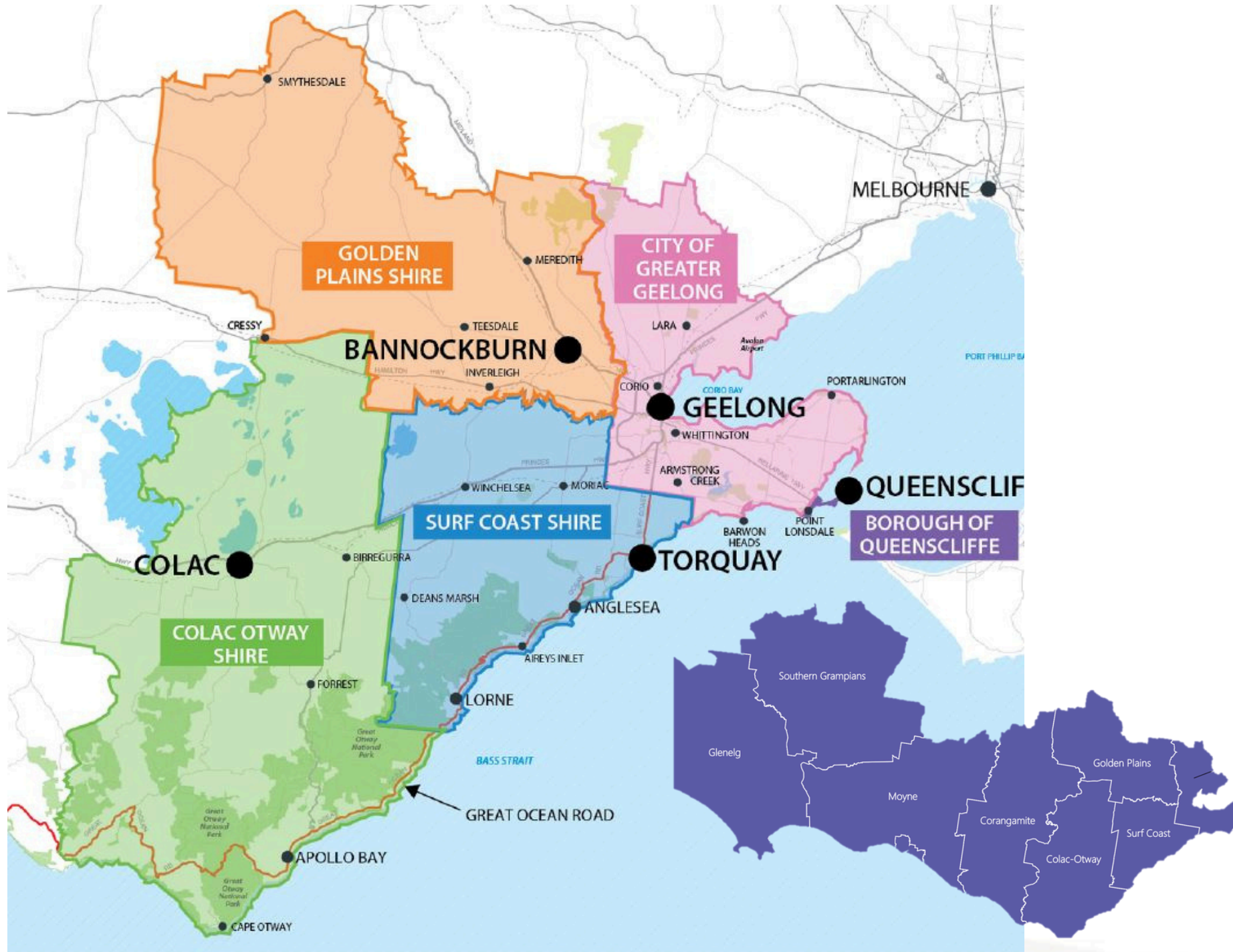
- Geelong is the second largest city in Victoria
- 390,000 people in the Barwon Region
- The University Hospital Geelong precinct is located in central Geelong

Overview of Barwon Health

- University Hospital Geelong (UHG)
- McKellar Centre
- Barwon Health North (Community Hospital)
- 5 Community Health Centres & community nursing
- Mental Health & Alcohol & Other Drug services
- Local Public Health Unit
- Substantial research programs
- Major clinical school for Deakin University

Youang Surgery Centre

BAXTER HOUSE HOSPITAL

- Opened in 1954 as Baxter House
- I998-2018 Geelong Private Hospital
- Repurposed for additional bed capacity during COVID
- Refurbished to provide additional surgical capacity for post-COVID catch up

Barwon Health approach

- Strategic
- Opportunistic
- Viable, fit for purpose outcome
- Engaged staff
- Flexible in how the facility was used
- Made pragmatic decisions

Key Insights

- Adapt & re-purpose
- Flexible use & adaptability
- Future proofing
- Get the infrastructure right early
- Both strategic & opportunistic
- Resilience

Feasibility to Tender for Project readiness assessment

Rapid development of a complex feasibility study in the a
Public Mental Health Facility

Peninsula Health

What is a Youth Mental Health Precinct? Why are we building it?

Understanding the service

- The Peninsula Health Youth Mental Health Precinct is made up of the Infant Child and Youth outpatients building (0-25 Years) and YPARC residential unit (16-25 years).

- The project allows for expansion to include 0-12-year-olds and helps address the growing demand for the service.

- Local healthcare for Youth Mental Health.

- Peninsula Health can build on its existing comprehensive, responsive, and integrated youth mental health service to deliver expanded services for children across the age range of 0 – 25.

- Service expanded beyond its footprint and growing.

Synergies between YPARC and ICY

What makes it a precinct?

- Shares staffing and management
- Duress and emergency protocols
- Integrated Wi-Fi mapping for locational data
- Consumers
- Residential look and feel
- Purpose and Structure
- Design consultation and principals
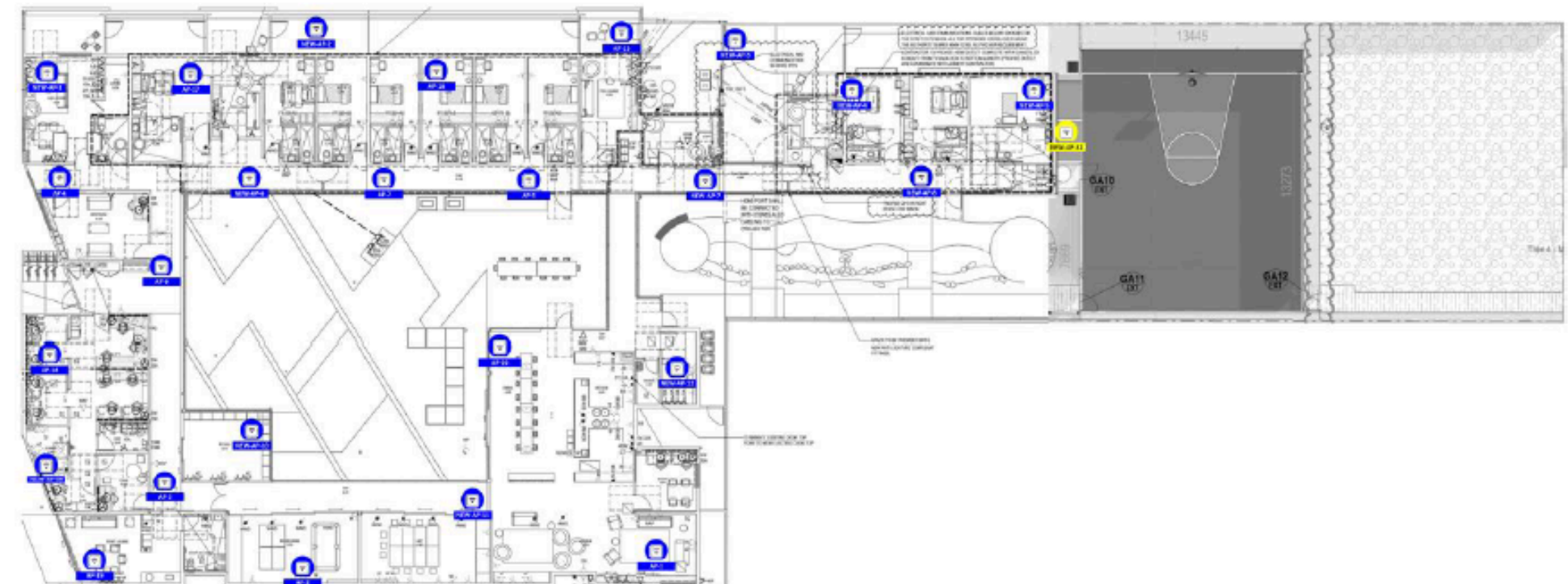
	0-11 years	12-25 years	TOTAL
Frankston	20,760	22,278	43,038
Mornington Peninsula	21,247	24,846	46,093
Total	42,007	47,124	89,131
Proportion of population with severe MH	1,302	1,461	2,763
Proportion of people with severe MH seeking public services	749	840	1,589

Peninsula Health

Control the Controllable

Rapid Delivery timelines are not uncommon in Healthcare, however in my experience rarely achieved. In construction, where time is money how can we control the delivery environment.

- Where might a project get stuck?

- What's out of my control?

- What are the variables I need to consider?

Peninsula Health

Feasibility Primary considerations

High level goals for the facilities design

Priorities, Desk space? Clinic Space? Flexibility? Review the proposed service and clinical models prior to beginning your design.
Your primary considerations are the driving force behind the business case, and the key pillars for the design.

- Design solutions that support peoples wellbeing
- Consider impacts on existing facility and care through construction (Staging)
- Flexibility in design, models of care change over time
- Sustainability – Human, Social, Economic and Environmental

Consider your parameters, effectively prioritise and develop expectations at feasibility level.
Whenever you get lost in design think, how does this serve the guiding principals of the project?

Peninsula Health

Option 1 – Ground Floor plan layout

Option 1 – First Floor plan layout
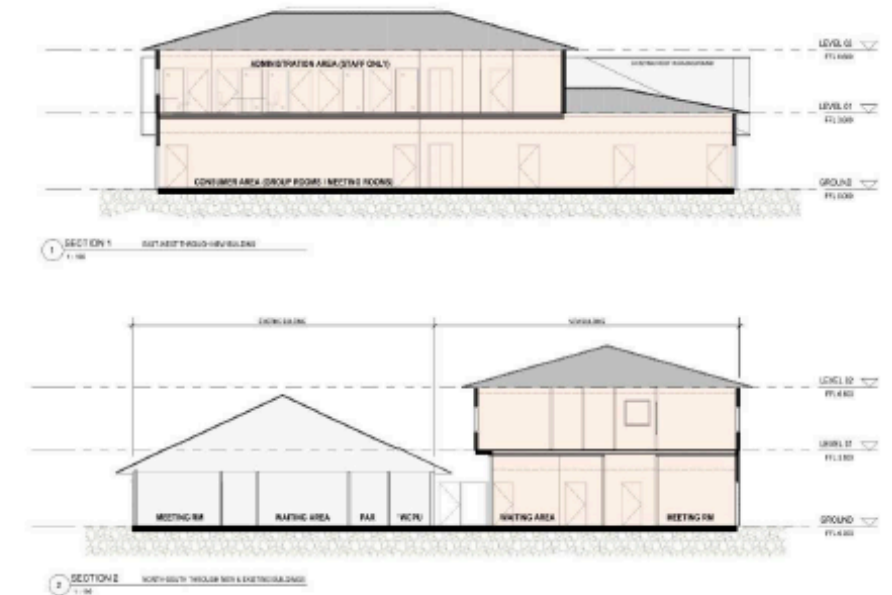
Option 1 – Building Sections

- Alignment to guiding principals
- Delivery of care (Model of Care)
- Feasible? Scope, budget, schedule

Recommended option – approve and move affectively through the gateway

Peninsula Health

Design in a Mental Health setting

Models of Care and levels of acuity a guide to Mental Health Construction

Define the parameters.

Guidelines (AUS HFG) are not a hard and fast rule

Efficiency in complex construction

What makes it more than just a facility?

Peninsula Health

Plan to Clear the Gateways

6 months

12 months

Feasibility Study
4 weeks

**Schematic Design /
Design Development**
10 weeks

Procurement
8 weeks

Construction
50 weeks from
appointment

Delivery
2 weeks

Gateway 1

Committee
meeting date

Gateway 2

PCG followed by
Committee
meeting date

Gateway 3

Tender Panel,
PCG,
Committee, finally
Board

Gateway 4

Operations and
project financial
close

Town Planning approvals process and pathway

Peninsula Health
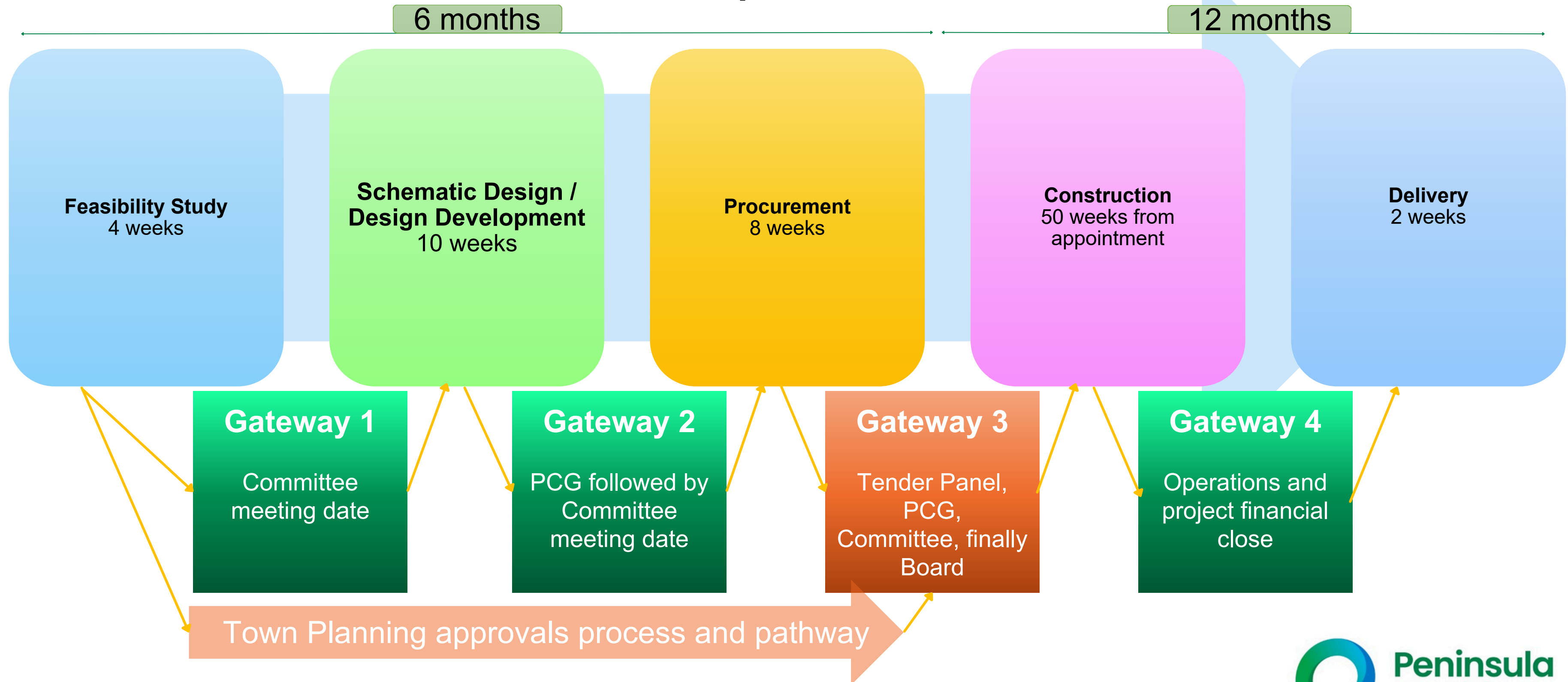
Cost control and governance a live project environment

Delays in approvals add cost

Managing budget and contingency

Quantity Surveyor and Superintendent

- Develop a project management plan that allows you to access approvals when they are required. Ultimately it is in everyone's interest to avoid delays.

- Keep options open within the contract and identify opportunities for value management early if budget is a problem, enable quick decisions through reporting and governance streams.

- As project managers we control the consultant team, make sure your team is performing and keeping you up to date.

Project Organisation Chart

Board

Committee

Government reporting functions

Joint Steering Committee

Minister

Department of Health

User Groups

Construction PCG

Operational PCG

Project Manager

Building Surveyor

Project Manager consultant / superintendent

Quantity Surveyor

Architect and sub consultant group

Peninsula Health
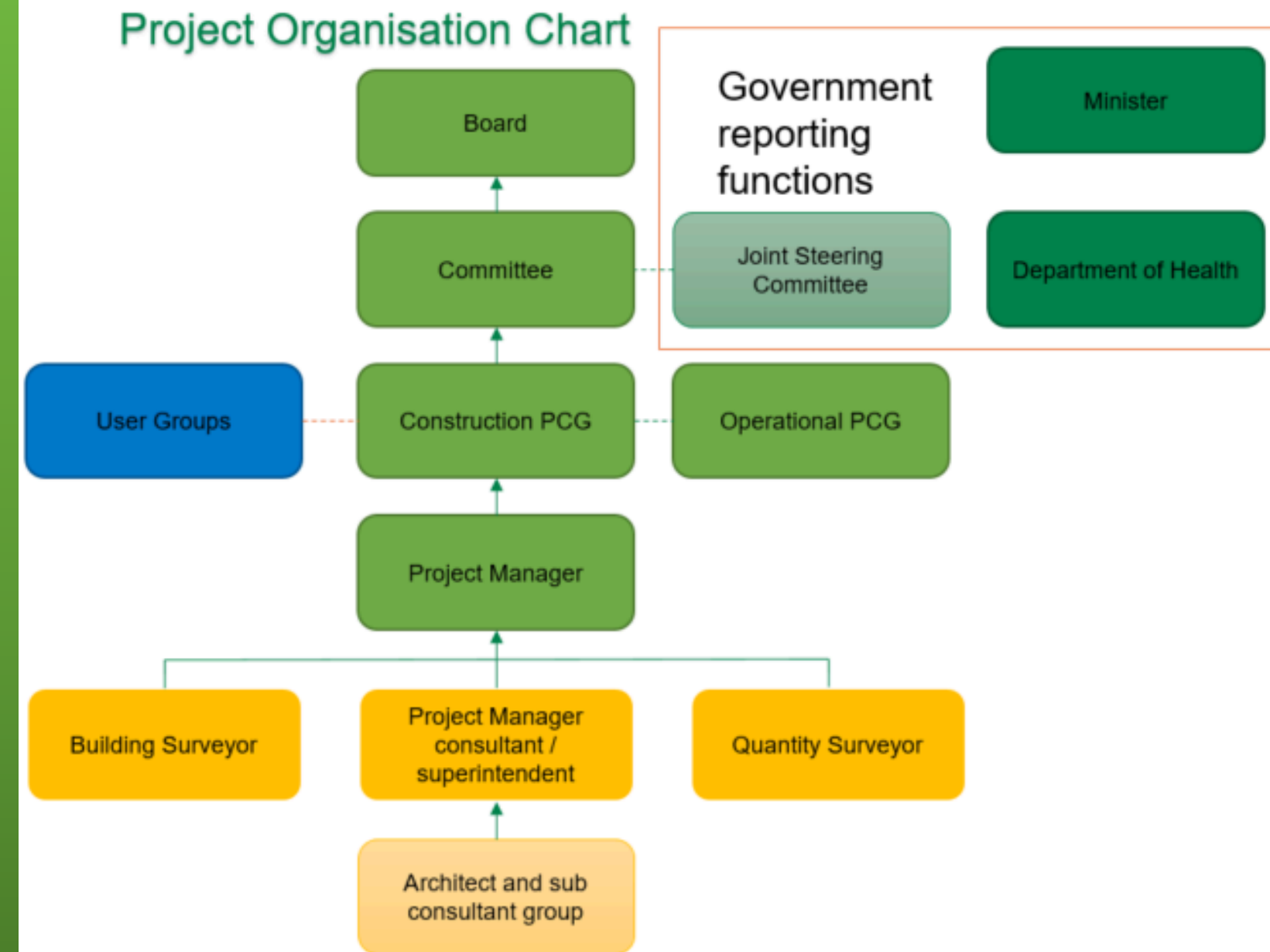
Current Situation three months from delivery

Thank you

Any questions?

Peninsula Health

Rethinking Mental Health Spaces At The New Frankston Hospital Redevelopment: Building for Least Restrictive Care

Acknowledgement of Country

Why is this Important?

Restrictive interventions

- For the purposes of this talk: Seclusion, Physical and Mechanical Restraint.

- Are not inherently therapeutic, but intended to help keep people safe

- Are traumatic for consumers, staff and anyone witnessing the incident

- Are a high risk for injuries to consumers and staff

- In Victorian a Royal Commission has recommended the elimination of restrictive interventions

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Presentation Goals

- **Understand how trauma-informed design enhances wellbeing**
- **Explore least restrictive environments for recovery**
- **Understanding the role of least restrictive care and environmental design in reducing occupational violence**

Peninsula Health

The Role of Leadership, Culture, and the Peninsula Health Story

- **National and Statewide Strategies have lead to relatively minor reductions in the use of restrictive interventions. Why is Peninsula Health Different?**
- What have we achieved? - Outcomes
- Environmental design is not the answer to least restrictive care, but it can make a very big difference.

Peninsula Health

Seclusion Data Continued

Seclusion Rate per 1000 OBD on the Adult IPU - 2 West
From 2006 - 2023 (YTD)

	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024*
Seclusion Rate per 1000 OBD	15.9	8.4	5.7	2.3	1.9	1.4	1.4	0.7	0.6	0.2	2.3	2.8	0.9	1.2	1.5	0.4	0	0

Occupational Violence Data

Occupational Violence VHIMS reports 2 WEST - Aggression and Assault

Peninsula Health

Trauma-Informed Design Principles

- **Definition: Integrates psychological safety into physical spaces**
- **SAMHSA's Six Principles: Safety, Trust, Peer Support, Collaboration, Empowerment, Cultural Responsiveness**
- **Design Applications: Individual bedrooms with ensuites (privacy and dignity), natural light, calming spaces, minimize triggers, sensory rooms, universal design**

Peninsula Health

Least Restrictive Care - Environment

- Care in the least restrictive setting appropriate to needs: Low Dependency vs Intensive Care Area.

- Design Implications:
  - Avoid seclusion
  - Open spaces
  - Patient choice
  - Restrict number of people in an intensive care space.

Peninsula Health

Reducing Occupational Violence

- Risk Factors:
  - Poor design
  - Lack of staff presence
  - Lack of occupation (boredom)
- Prevention Strategies:
  - Clear sightlines
  - Duress alarms
  - Therapy/Activity Spaces
  - Descalation Zones/Safe Spaces
- The Elephant in the room: Smoking

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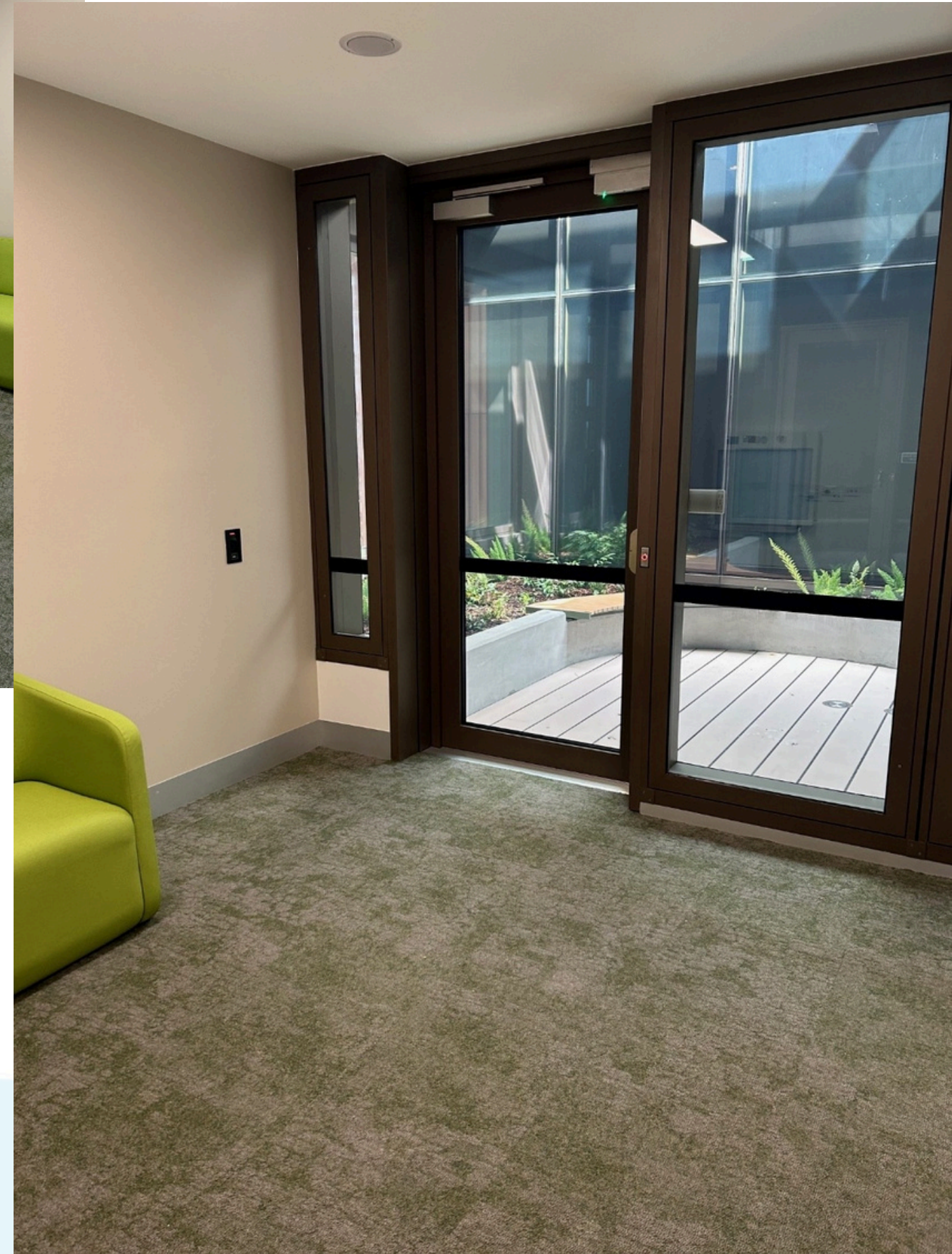
Conclusion & Brief Q&A

Trauma-informed design fosters healing, and reduces trauma responses

Least restrictive environments promote autonomy, and decrease risk

Occupational violence can be mitigated through design and training

Questions and discussion
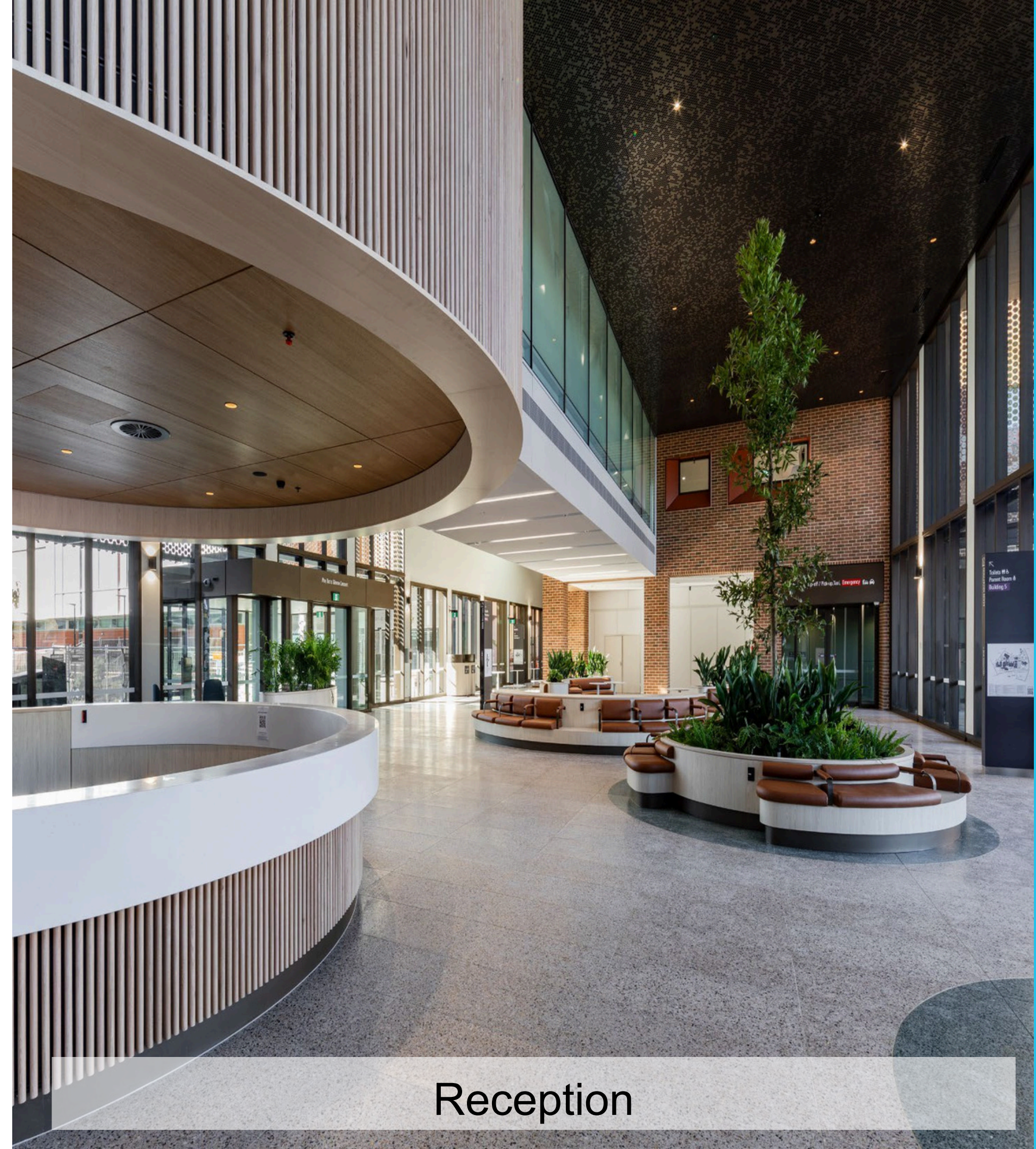
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Canberra Hospital Critical Services Building

Safeguards for Successful Operational Commissioning

Agenda

1. Project Overview

2. 10 Week Go Live Sprint Program

3. Operational Readiness Assessment Milestones

4. Training Passport

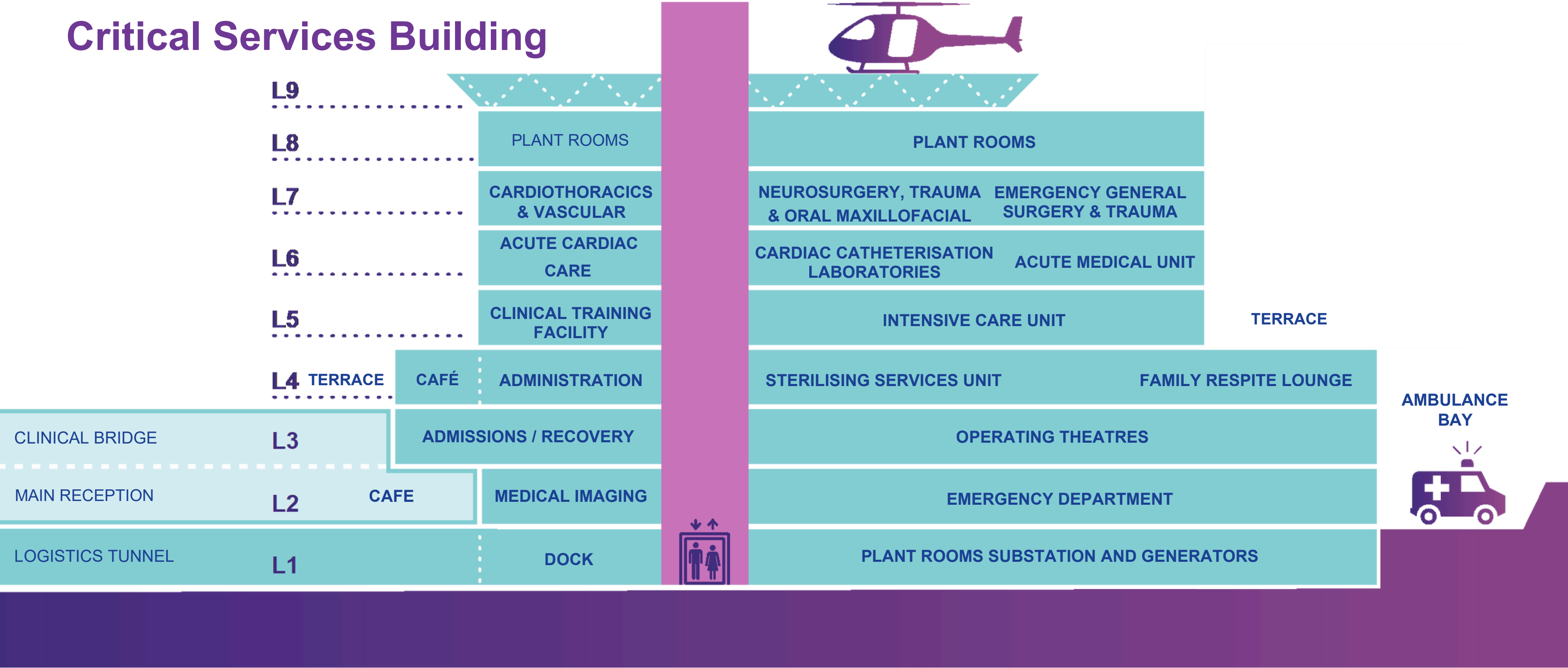5. Clinical Scenario Testing

6. 5 Tips to Safeguard Success

Reception

1.

Project Overview

Intensive Care Unit Terrace

Critical Services Building

Level		
L9		
L8	PLANT ROOMS	PLANT ROOMS
L7	CARDIOTHORACICS & VASCULAR	NEUROSURGERY, TRAUMA & ORAL MAXILLOFACIAL / EMERGENCY GENERAL SURGERY & TRAUMA
L6	ACUTE CARDIAC CARE	CARDIAC CATHETERISATION LABORATORIES / ACUTE MEDICAL UNIT
L5	CLINICAL TRAINING FACILITY	INTENSIVE CARE UNIT / TERRACE
L4	TERRACE / CAFÉ / ADMINISTRATION	STERILISING SERVICES UNIT / FAMILY RESPITE LOUNGE
L3	CLINICAL BRIDGE / ADMISSIONS / RECOVERY	OPERATING THEATRES
L2	MAIN RECEPTION / CAFE / MEDICAL IMAGING	EMERGENCY DEPARTMENT
L1	LOGISTICS TUNNEL / DOCK	PLANT ROOMS SUBSTATION AND GENERATORS

AMBULANCE BAY

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Design Innovations

- Australia's first all electric hospital

- Australia's first hospital to adopt Tempus technology that connects the Emergency Department directly to the Pathology Laboratory with a 40 second specimen transfer into AI analysers with results published directly into the patient's Digital Health Record

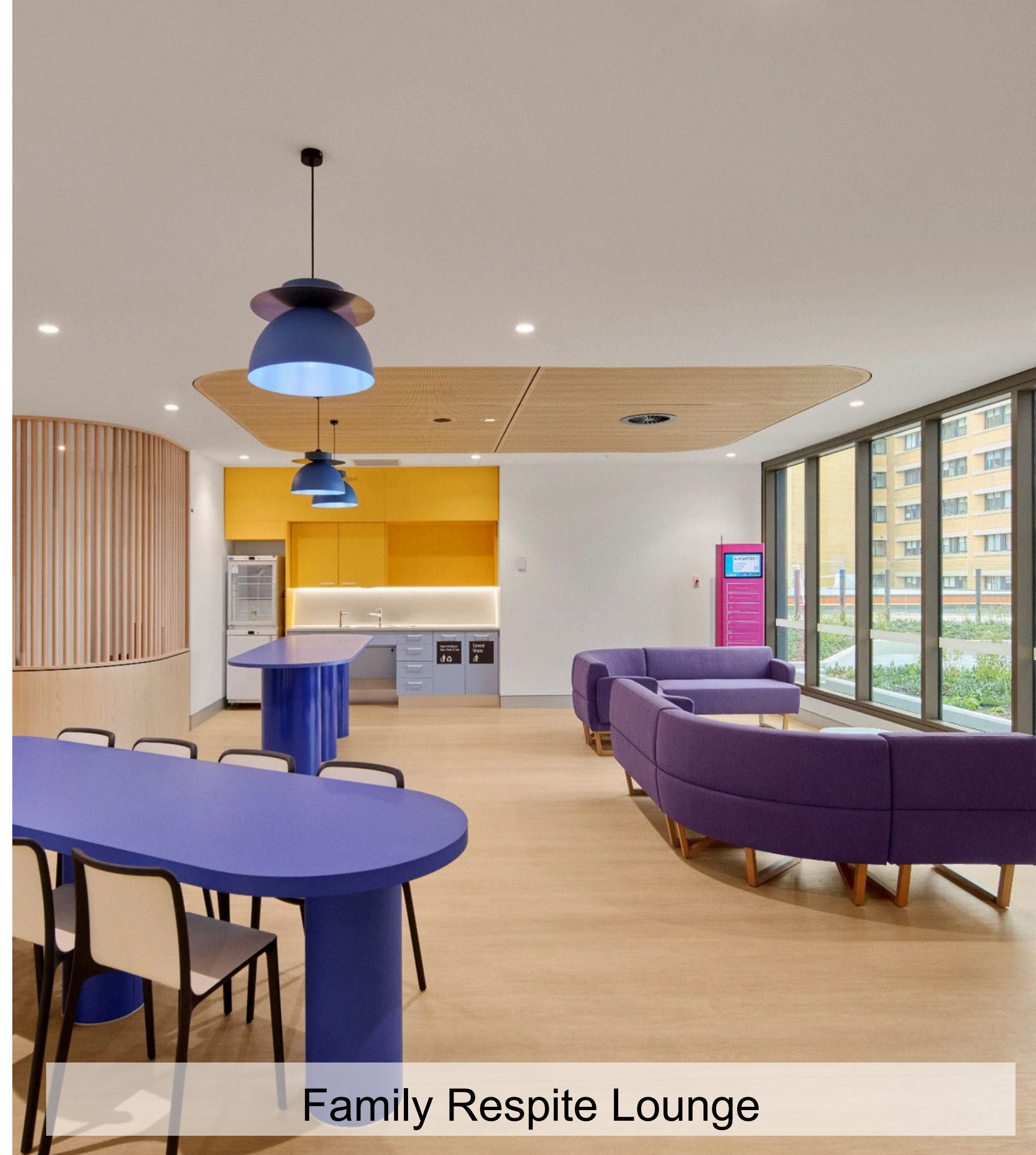- Biometric Automated Dispensing Cabinets (ADCs) closed loop medication system

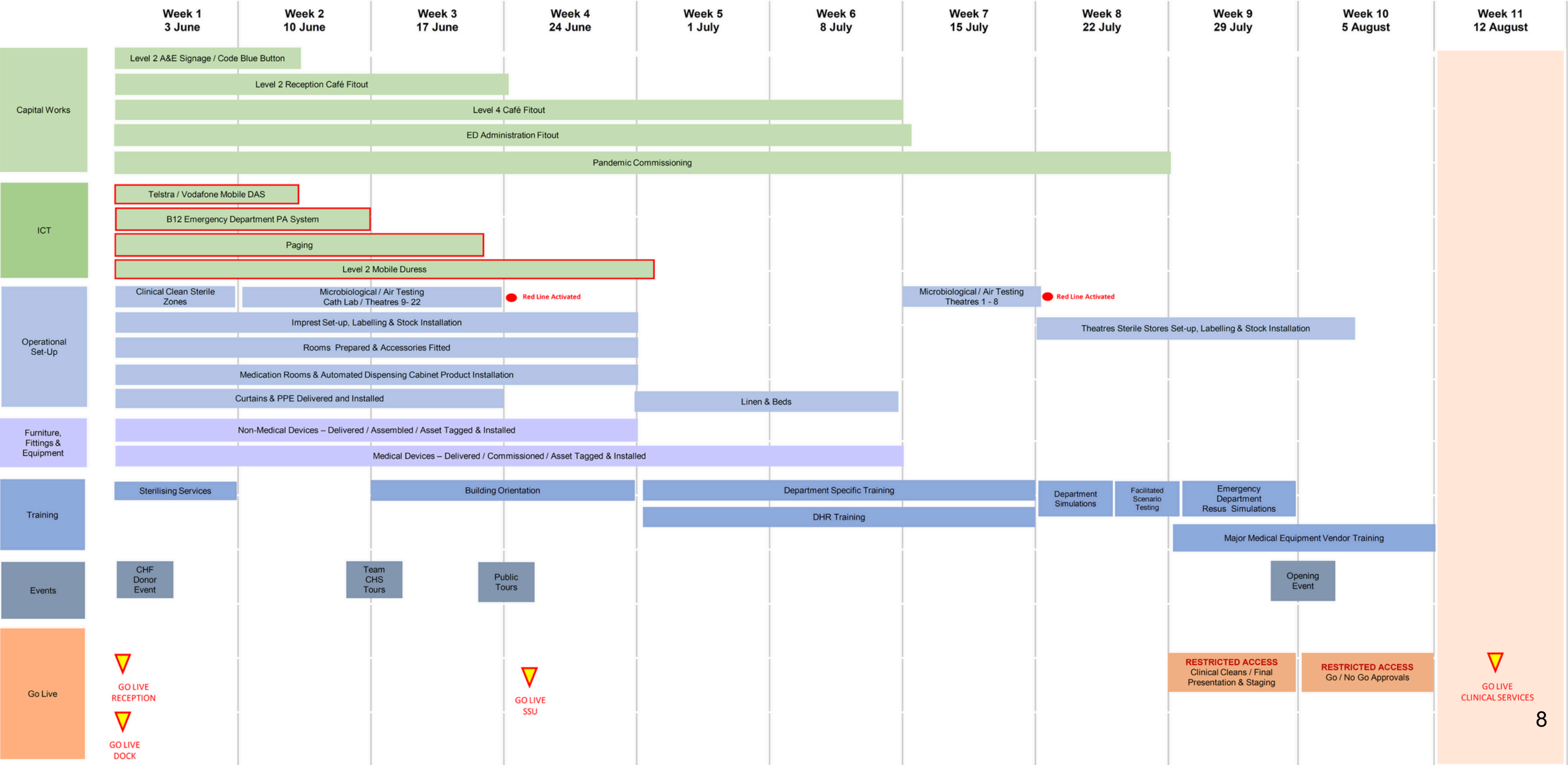Northern Wing

Operational Commissioning Leads & Deliverables

Executive Group Manager, Campus Modernisation						

Operational Commissioning Program	Phase Gate Reports
Operational Funding	Opening Sequence
Risk Management	Go Live Approvals

Facility Management	Communications	Change Management	MME & FFE	Training & Orientation	Systems Integration	Building Commissioning & Capital Works
Executive Branch Manager Facilities Management	Communications & Media	Senior Clinical Liaison Officer	MME & FFE Project Manager	Training & Service Transition Project Manager	Systems Integration Project Manager	Senior Project Manager
FM Maintenance Contracts	Communication & Engagement Plan	Change Management Strategy	Group FF&E Procurement	Training Plan	Business Continuity Plan	Fit for Purpose Validation & Defect Inspections
Building Commissioning Plan	Targeted Communications	Service Redesign & Change Management Program	MME Procurement	Orientation Training Schedules	Emergency Response Plan	ED Administration Fitout
Asset Handover Acceptance	Service Information	Models of Care / Service	FF&E Schedule	Mandatory E-Learning Modules	Scenario Testing Plan	Zouki Retail Fitout B5
Defect Management Process	Building Orientation Video	Operational Policy & Procedures	FF&E Transfer Schedule	Training Manuals	Scenario Exercise Report	Tempus Installation B5 & B10
Building 1 Level 1 Capital Works	Community Event	Imprest Store Stockist	Device Commissioning	Training & Orientation Implementation	Building User Guide	Operational Signage
Retail Strategy & Fitout	Opening Ceremony	Training Content Modules	Equipment & ICT Transfer Mapping		Security, Duress & Nursecall Witness Testing & Commissioning	Acknowledgement of Country Art
Wayfinding & Signage Strategy		Go / No Go Criteria	MME User Acceptance Testing	Relocation Plan	Security & Building Access Control Procedures	Microbiological & Air Sterility Testing
Defect Management		Team Wellbeing	Asset Tracking Register	Departmental Move Plans	CHS Staff Security Access Profiles	Hospital Road South Renaming
			Room Sign-Off Checklist	Patient Transfer Plan		
				Clinical Activity Plan		
				Leave Management Plan		
				Pre-Occupancy Checklist		
				Post Move Issues Management Procedure		

GO LIVE READINESS

2.

10WeekSprint Go Live Program

Family Respite Lounge

10-Week Sprint Go Live Program

	Week 1 3 June	Week 2 10 June	Week 3 17 June	Week 4 24 June	Week 5 1 July	Week 6 8 July	Week 7 15 July	Week 8 22 July	Week 9 29 July	Week 10 5 August	Week 11 12 August

Capital Works
- Level 2 A&E Signage / Code Blue Button
- Level 2 Reception Café Fitout
- Level 4 Café Fitout
- ED Administration Fitout
- Pandemic Commissioning

ICT
- Telstra / Vodafone Mobile DAS
- B12 Emergency Department PA System
- Paging
- Level 2 Mobile Duress

Operational Set-Up
- Clinical Clean Sterile Zones
- Microbiological / Air Testing Cath Lab / Theatres 9- 22 — ● Red Line Activated
- Microbiological / Air Testing Theatres 1 - 8 — ● Red Line Activated
- Imprest Set-up, Labelling & Stock Installation
- Theatres Sterile Stores Set-up, Labelling & Stock Installation
- Rooms Prepared & Accessories Fitted
- Medication Rooms & Automated Dispensing Cabinet Product Installation
- Curtains & PPE Delivered and Installed
- Linen & Beds

Furniture, Fittings & Equipment
- Non-Medical Devices – Delivered / Assembled / Asset Tagged & Installed
- Medical Devices – Delivered / Commissioned / Asset Tagged & Installed

Training
- Sterilising Services
- Building Orientation
- Department Specific Training
- Department Simulations
- Facilitated Scenario Testing
- Emergency Department Resus Simulations
- DHR Training
- Major Medical Equipment Vendor Training

Events
- CHF Donor Event
- Team CHS Tours
- Public Tours
- Opening Event

Go Live
- ▽ GO LIVE RECEPTION
- ▽ GO LIVE DOCK
- ▽ GO LIVE SSU
- RESTRICTED ACCESS Clinical Cleans / Final Presentation & Staging
- RESTRICTED ACCESS Go / No Go Approvals
- ▽ GO LIVE CLINICAL SERVICES

8

10-Week Sprint Go Live Program

- Service redesign model which impacted over 2,500 staff across 10 clinical services and 16 operational departments.

- A sophisticated strategy for operational readiness was developed which included external audits verifying operational readiness for a 10-week implementation program to go live.

- The program successfully achieved:

  o Bio-medical commissioning of 11,000 mobile devices

  o 9,000 education modules delivered in 3-weeks

  o time critical clinical simulation exercises

  o soft-start of operating theatres and sterilising services unit

  o set-up and staging of 1,800 rooms for sign-off

  o 113 patients and 2,300 equipment items moved in 1 day

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Exterior View

Go Live Decision Authority Process

3.
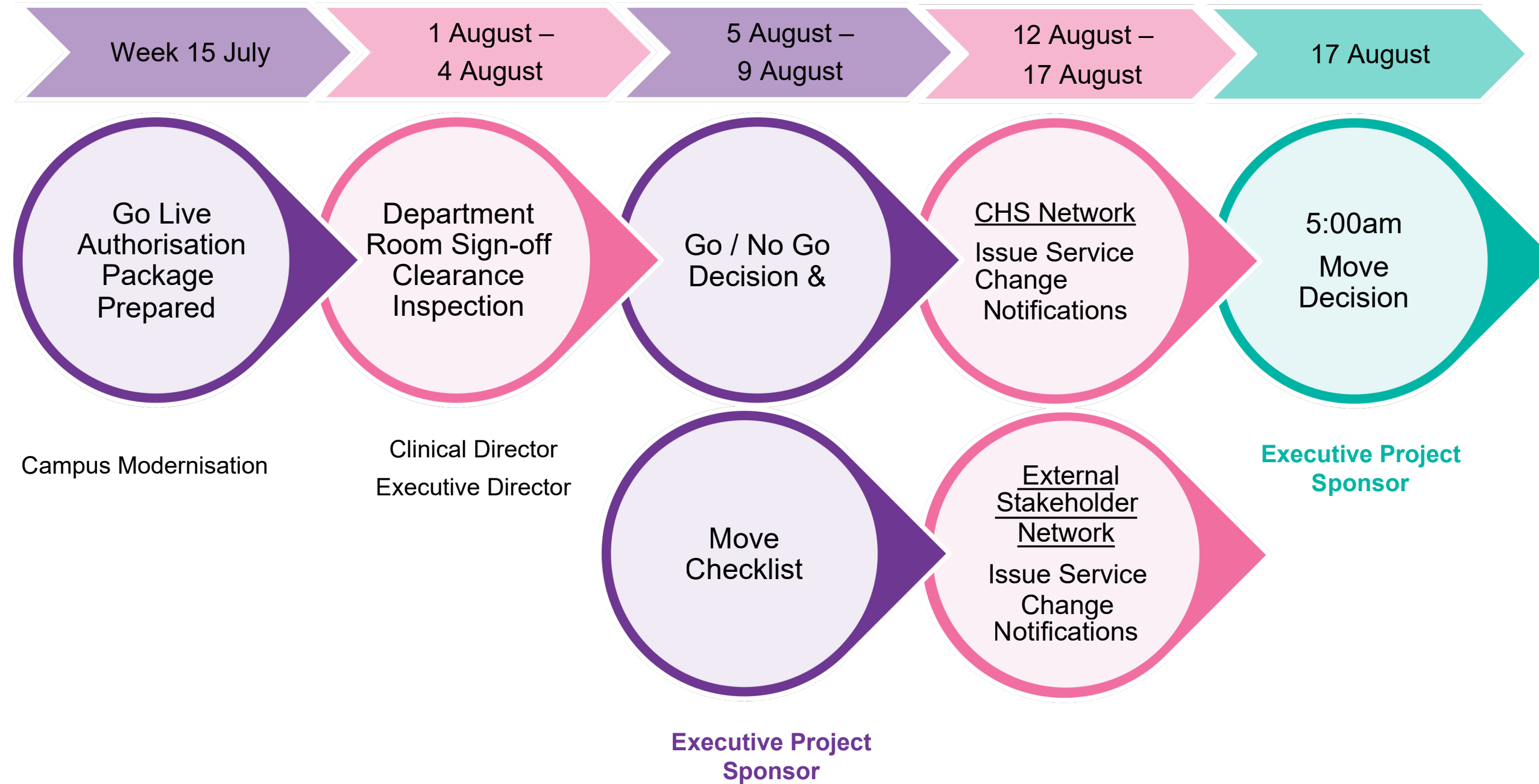
Operational Readiness Assessment Milestones
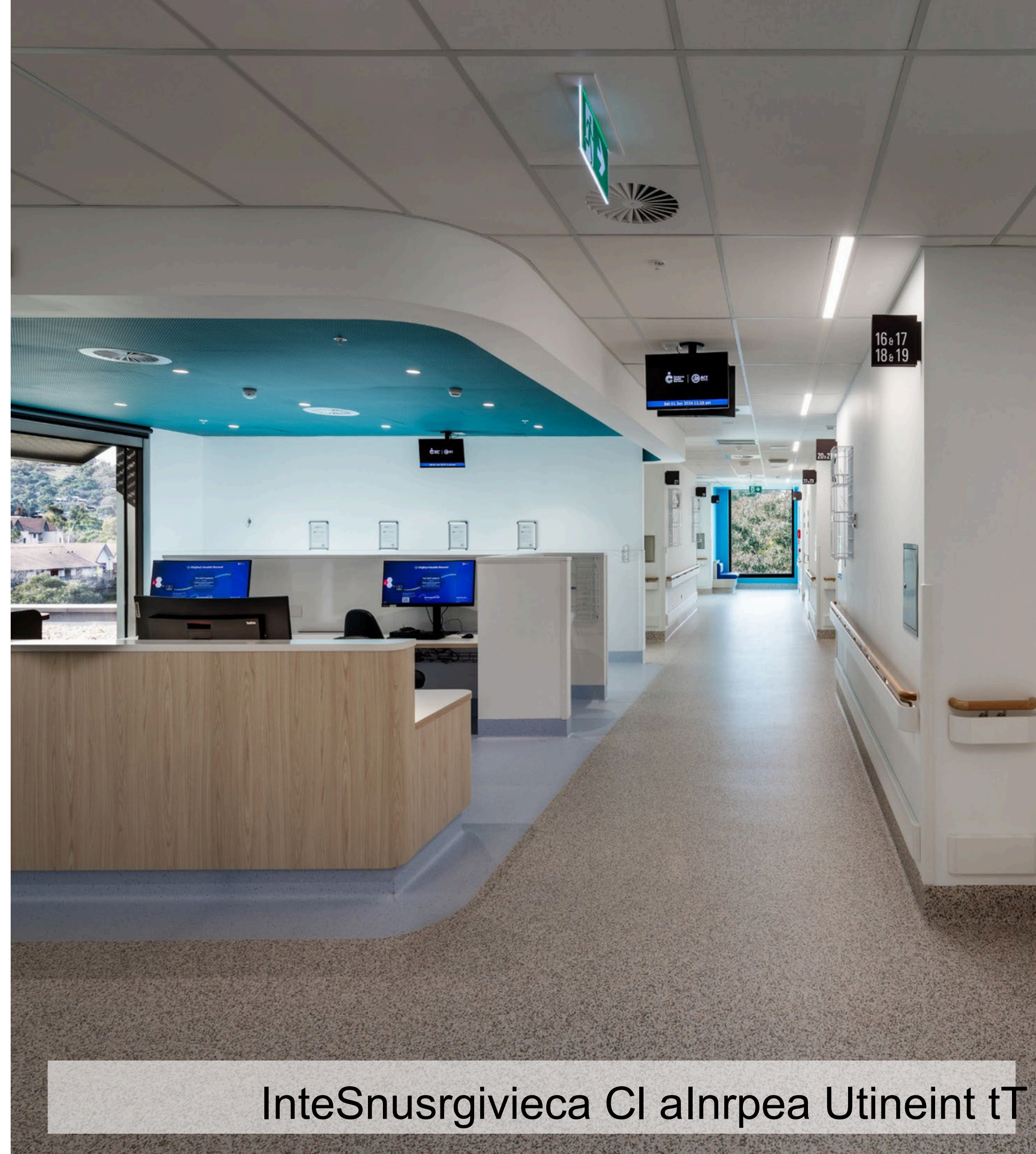
Readiness Assessment Milestones

- All day workshops at 90 days, 60 days and 30 days pre go live.

- Attendance by the full contingent of the Hospital Executive

- Status presentation of go live readiness was delivered by the Clinical Director, ADON and Allied Health

- 'Slido' mobile application used throughout the workshop for comments / questions to be submitted

- Emoji survey at the start and end of the survey to measure the confidence sentiment

- Everything was on the table for discussion – CEO / DCEO / COO / CFO / CIO in the room to navigate issues

Main Entry
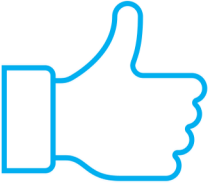
Readiness Status Presentations

1   ICT & Digital Health Record

.   Medical Emergency Team (MET)

2   Emergency Department

.   Cardiac Catheterisation Laboratories

3   Acute Cardiac Care Inpatient Unit

.   Acute Medical Unit (AMU)

4   Clinical Forensic Medical Unit

.   Medical Imaging

5   Perioperative Services

10. Intensive Care Unit

6

.

11. Helipad 12.Emergency General Surgery Inpatient Unit 13.Neurosurgery Inpatient Unit 14.Trauma & Vascular Surgery Inpatient Unit 15.Sterilising   Service   Unit   16.Facilities Management 17.Food Services 18. Security 19. Cleaning

Readiness Status Trackers

Complete	On Track	Off Track	Critical
Ready for go live.	It will be ready for go live but is not yet started or incomplete.	It can be ready for go live but remediation actions are required.	Attention is required and a mitigation plan is required.
Assessment Criteria	Assessment Criteria	Assessment Criteria	Assessment Criteria
The activity is fully complete. No further actions required.	The scope of the activity is clear. There is a plan in place. The activity is resourced. The timeframe is achievable before go live.	The scope of the activity has changed or is unclear. There is a plan in place. The activity can be resourced. A contingency timeframe can be achieved before go live.	The scope of the activity has changed or is unclear. There is not a clear a plan in place. The activity cannot be resourced. The timeframe cannot be achieved before go live.

Overall Status Rating

Confident	Concerned
Assessment Criteria	Assessment Criteria
Issues are being managed by the team. No risks require escalation.	Issues cannot be managed by the team. Escalation is required for risk mitigation strategies to be implemented.

Perioperative Services

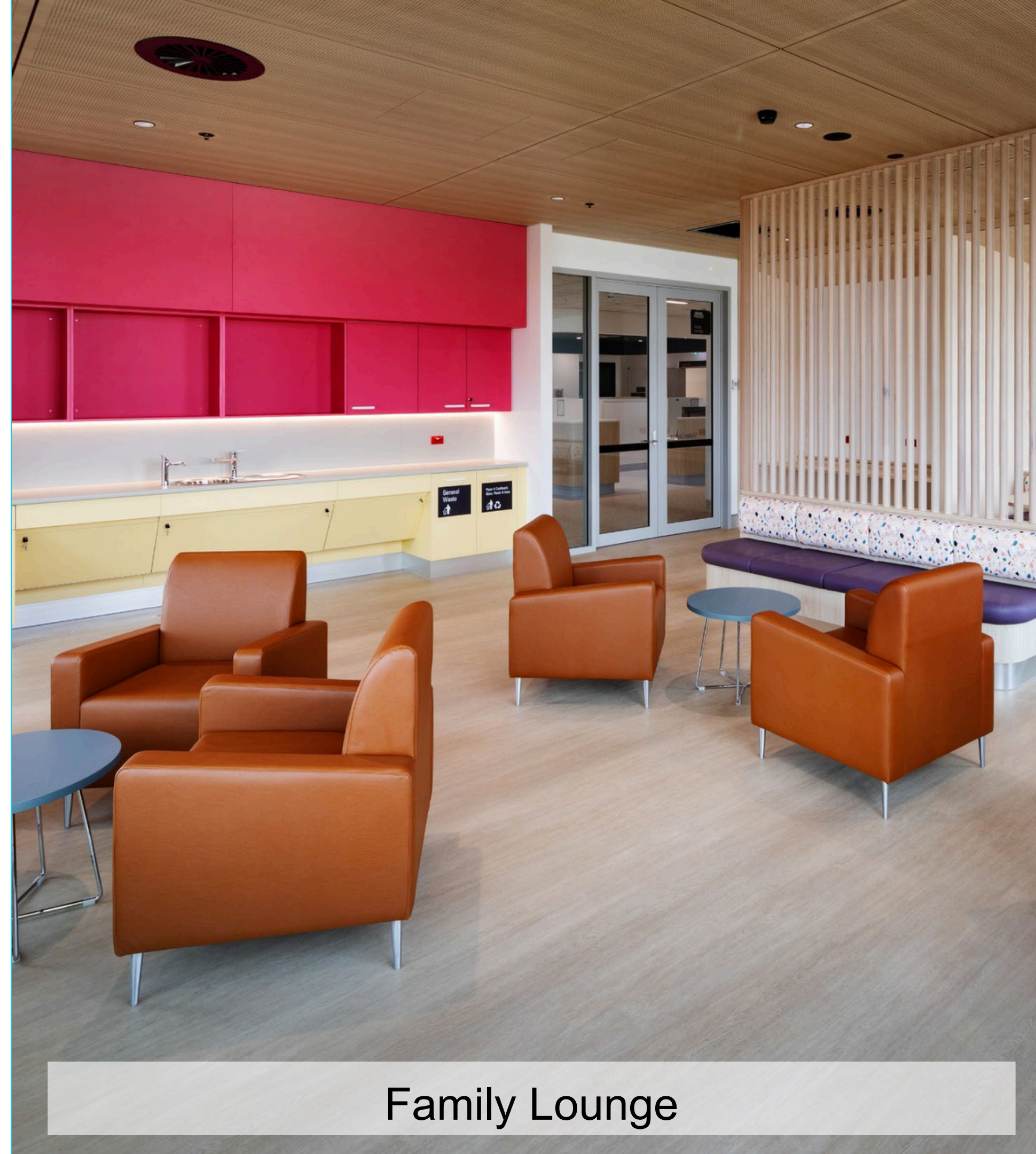| Clinical Champions	Dr Ailene Fitzgerald Dr Lance Lasersohn Felicia Cooper	Campus Modernisation	Kritika Toraskar	
Readiness Checklist Status		**60 Day Rating**	👍	**Previous 90 Day Rating** ☹
Operational Procedures	• Hybrid Theatres/IR suites allocation, utilisation and booking and scheduling procedures, ERCP location • Workforce allocation across 2 theatre sites Supply and sterile stock location	🟢	Key Risks	• Human Resources – orientation, training, rostering • IT support across DHR and new technology • Unanticipated patient load or unplanned leave (winter) • Scheduling for hybrid/IR/Gastro/ERCP
W orkflows	• Ancillary staff • Introductions of discharge lounge • Sterilising workflows	🟢	Focus Areas	• Digital tech training and testing • Training schedule • Nursing recruitment • Workflow planning and management over entire period • SIMS
Staff Rosters & Leave Management Plan	• Cross campus allocations Total FTE • and junior skill mix Increased FTE • over training period	🟢	Service Interdependencies	• Patient Support Services • Out of areas Anaesthetic demand • Medical Imaging
Training Content Plan	• Vendor training • Hybrid theatres • Rostering to training plan • Facilitating VMO workforce to attend	🟢	Escalation Items	• ERCP location
Department Simulation Exercises	• Multidisciplinary participation • Hybrid theatre • Mass transfusion • MRI suite • Set ups Decreased activity Equipment location	✔		
Move Preparations	• Orientation to stock rooms • Soft start • •	🟢		

90-Day Versus 60 Day Status Tracker Comparison

Clinical Services	60 Days	90 Days
Clinical Forensic Medical Unit	👍	🙁
Emergency Department	🙁	🙁
Medical Imaging	👍	👍
Perioperative Services	👍	🙁
Intensive Care Unit	👍	🙁
Acute Cardiac Care Unit (Ward 6C)	👍	🙁
Cardiac Catheterisation Laboratories	🙁	👍
Acute Medical Unit (Ward 6A	🙁	🙁
Emergency General Surgery (Ward 7A)	👍	🙁
Neurosurgery, Oral Maxillofacial Surgery & Trauma (Ward 7B)	👍	🙁
Cardiothoracic & Vascular Surgery (Ward 7C)	👍	🙁
Helideck	👍	👍
Medical Emergency Team	🙁	🙁

4.

Training Passport

Family Lounge

Training Program

May - June

| 13 – 29 May | 17 - 29 June | 1 - 2 July | 3 - 19 July | 22 – 24 July | 25 – 26 July |

Mandatory Online HRIMS Learning Modules

Super User Training

Building Orientation

Super User Patient Monitoring

Department Training

Department Simulations

Facilitated Clinical Scenarios

DHR Training

Moving Services
Support Services

1 Day
Building Orientation
Department Orientation
Vendor equipment training

30 minutes
Moving Services

Support Services
Contractors

2 – 3 hours
Vendor equipment training

½ Day to 1 Day

Operational Readiness User Groups approved training modules
Bookable sessions

Super User Training
Medical Imaging Modalities
Vendor Systems Training

½ Day to 1 Day
Bookable sessions
Co-ordinated by Department

1 Day
Bookable sessions

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Super Users

- Super Users championed the workforce training of models of care, workflows and equipment to their peers

- Day / evening / night / weekend rostered staff were identified as Super Users

- Leave planning a condition for Super User involvement

- Committed to the roster for minimum 3 weeks post go live

Super User Training Schedule

| Activity	Dates	Duration
Building orientation, department orientation and vendor equipment training *Bookable session of 3 hours available over a 10-day period*	13 - 29 May	3 hours
Patient monitoring vendor training *Bookable session of 2-3 hours available over a 2-day period* *Super User orientation to the Department areas set-up with ICT / equipment / supply*	1 - 2 July	2 - 3 hours
Department and equipment orientation and training *Super Users rostered to deliver training to Department staff*	3 -19 July	16 days
Department simulations *Facilitate simulated workflows*	22 - 24 July	3 days
Facilitated clinical scenarios *Participate in inter-departmental clinical scenarios, facilitated by external training assessor*	25 - 26 July	2 days

Training Passport

- 9,000 education modules delivered in 3-weeks

- Training passport education modules assigned to staff classification ground through HR learning system

- Staff could enrol online into an education module to suit their schedule – early morning / evening / weekend

- Education session were available from 5:00am to 12:00pm / 7 days a week for 3 weeks

- QR code check-in system linked to the HR learning system

- Real-time passport compliance was tracked through the HR learning system – daily reports issued to Hospital General Mananager

Training Passport Compliance Targets

Category	Type	Content	Compliance Target
1	Clinical Super User	High-impact change Specialised equipment and technology	100%
2	Clinical Super User or Non-Clinical Super User	Low impact change Equipment and technology	80%
3	Non-Clinical Super User	Low impact change Equipment and technology Department layout - mobile equipment / storerooms / clean and dirty flows	70%

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5.

ClinicalScenario Testing
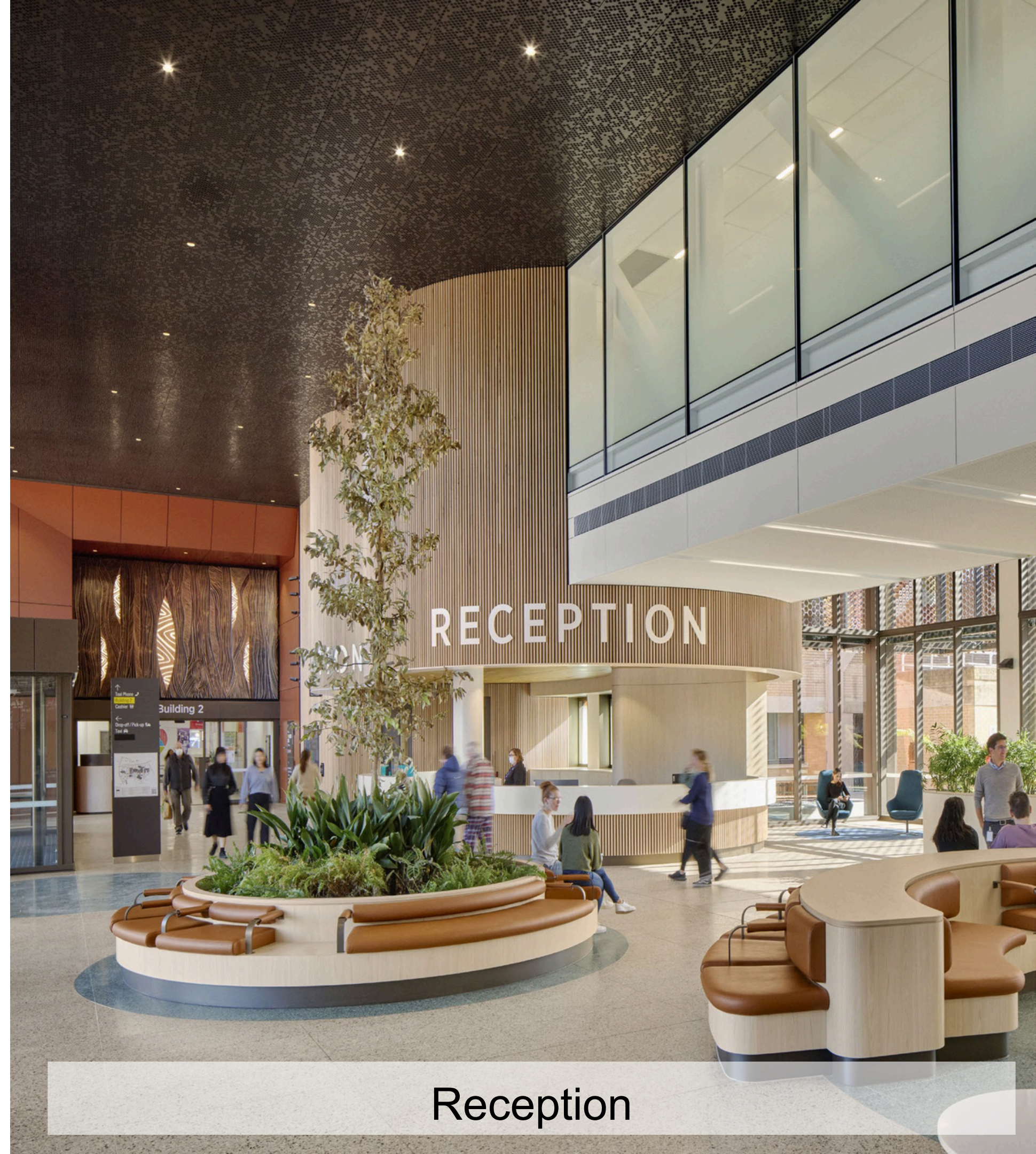
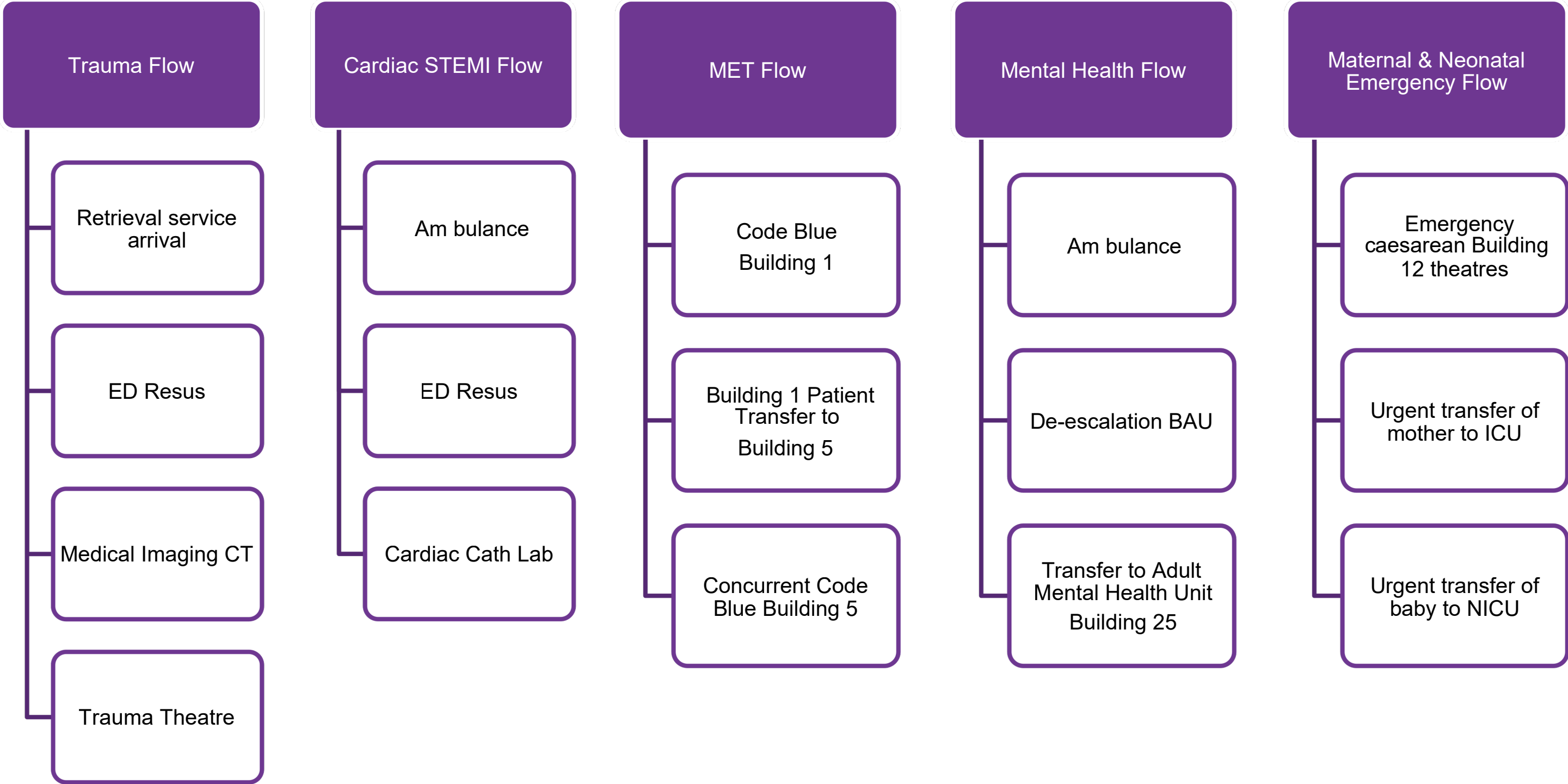Reception

Clinical Simulations

3 Days: Department Simulations

· Departments are fully set up with equipment, consumables, medications, ICT

· Local simulations co-ordinated by Super Users
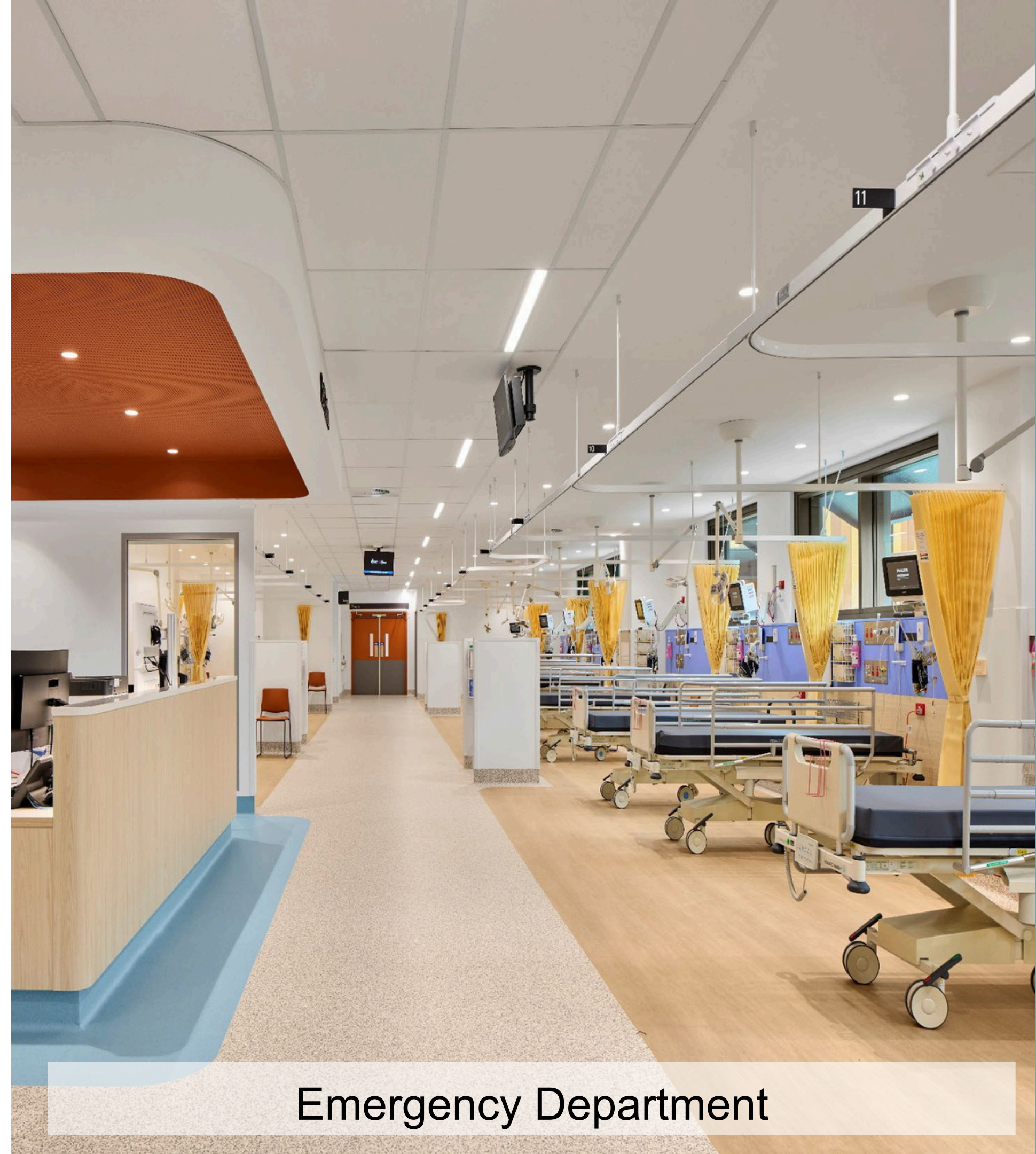
2 Days: Facilitated Clinical Scenarios

· Independently facilitated scenarios

· Pressure test time critical scenarios, building familiarisation and workflows integrated with the Campus

· Round 1 - test each scenario

· Round 2 - concurrent exercises

· Debrief of each scenario

Facilitated Clinical Scenarios

Trauma Flow	Cardiac STEMI Flow	MET Flow	Mental Health Flow	Maternal & Neonatal Emergency Flow
Retrieval service arrival	Am bulance	Code Blue Building 1	Am bulance	Emergency caesarean Building 12 theatres
ED Resus	ED Resus	Building 1 Patient Transfer to Building 5	De-escalation BAU	Urgent transfer of mother to ICU
Medical Imaging CT	Cardiac Cath Lab	Concurrent Code Blue Building 5	Transfer to Adult Mental Health Unit Building 25	Urgent transfer of baby to NICU
Trauma Theatre				

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6.
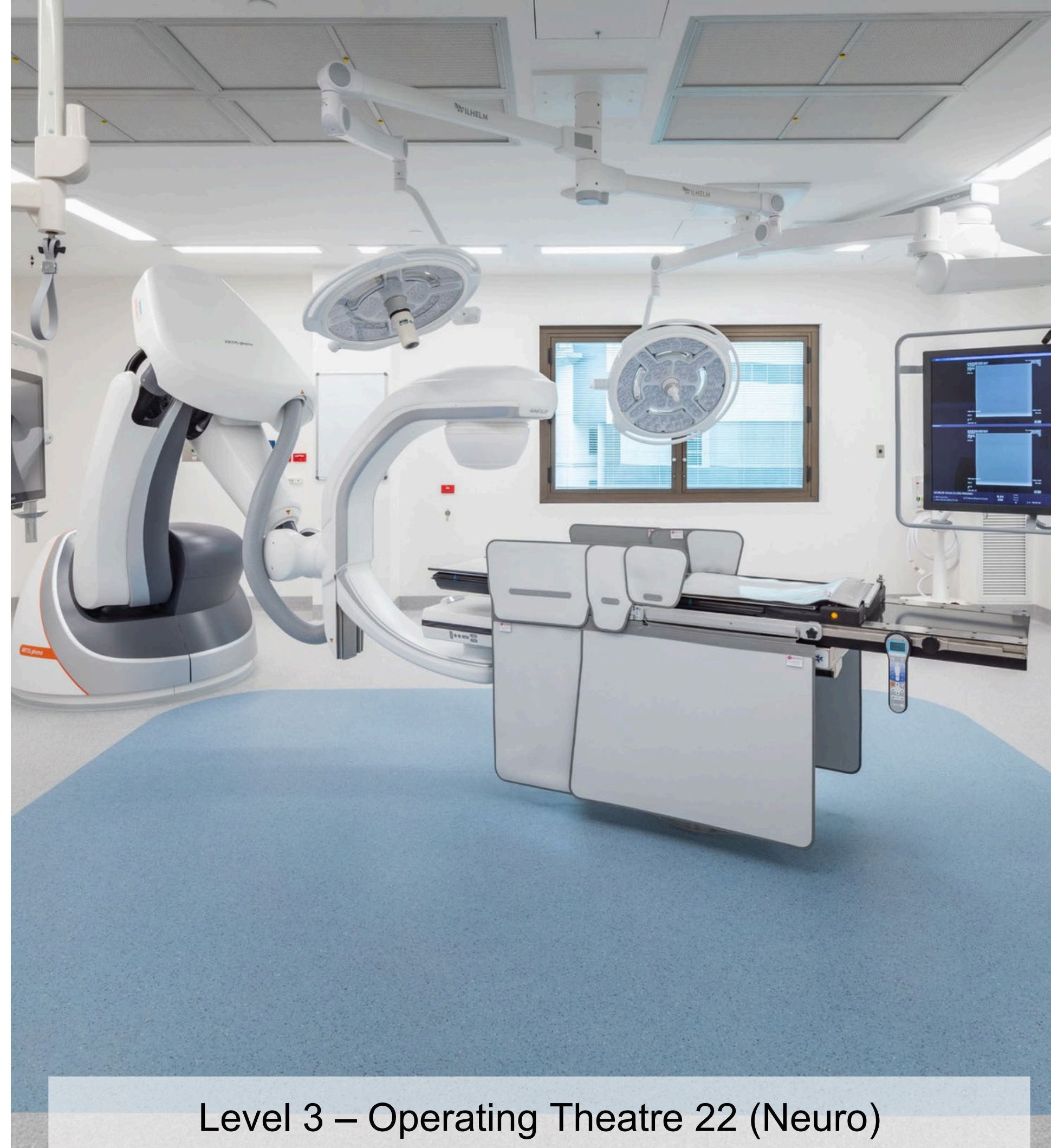## Safeguards for Success

Emergency Department

5 Tips to Safeguard Success

1. Nuanced governance structures

- Decision Matrix

- Construction

- Go Live Authorisation

- Move

- Post Go Live

2. Accountablity transfer to clinicians

- Go live readiness assessments

- Customised Department go live programs

- Weekly "hot issues" forum with CEO

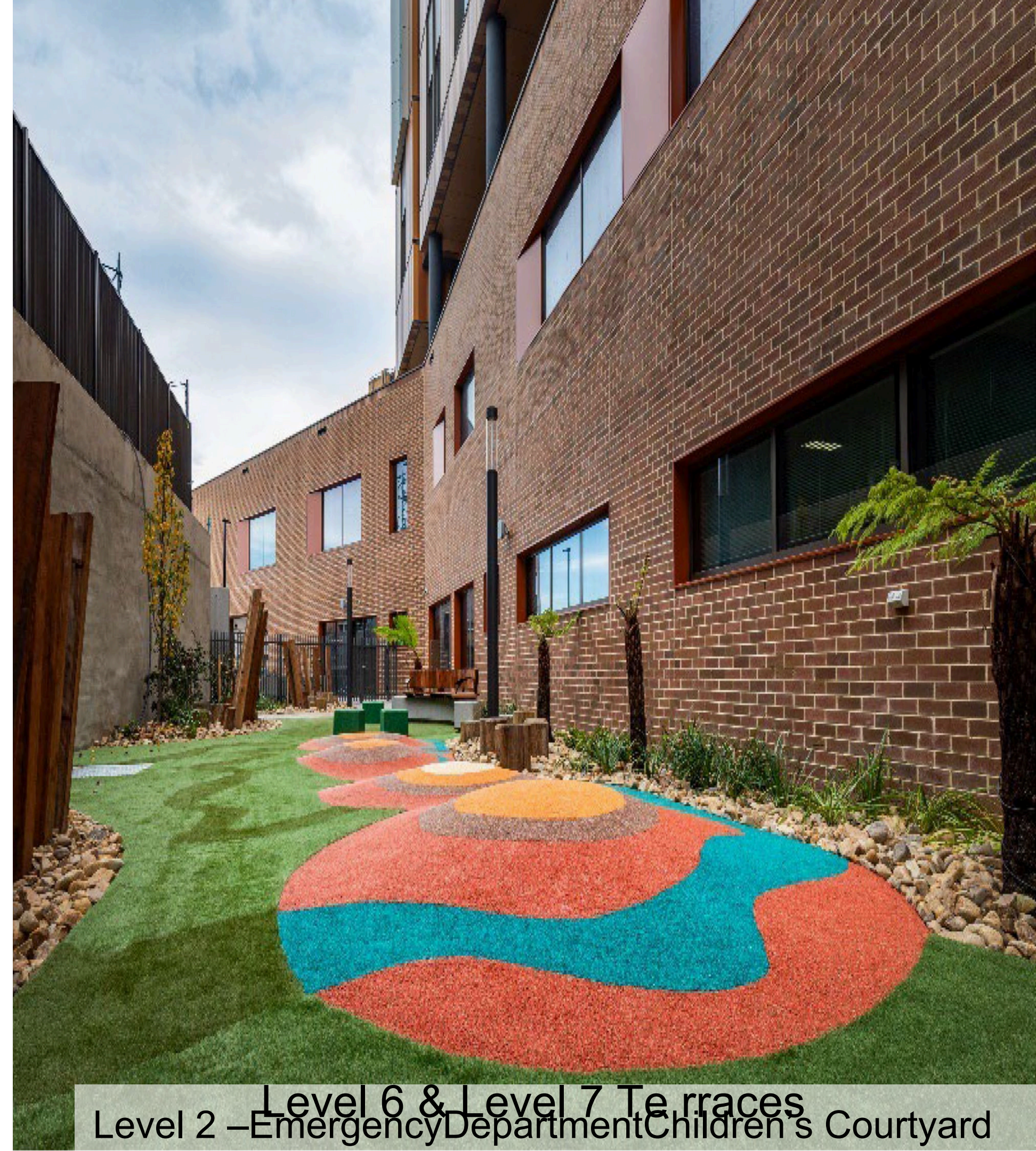Level 3 – Operating Theatre 22 (Neuro)

5 Tips to Safeguard Success

3. Safety

- Authorised personnel

- Access permissions

- Building check-in and check-out processes

- Emergency protocols

4. Daily Stand-up Briefings

- 15-minute meetings with Contractor / Project Manager / Operational Commissioning team

- Daily activity schedule

- Exclusion zones – media / VIPs / sterility testing

- Building defects / issues escalation

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Level 6 & Level 7 Te rraces
Level 2 –EmergencyDepartmentChildren's Courtyard

5 Tips to Safeguard Success

5. Program Contingency

- 2 weeks contingency held in 10 week program

- Go / No Go Checklists

- Go Live authorisation evidence submissions

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Reception

Thank you.

Cleanaway

Australia's largest provider of waste management and resource recovery solutions.

Our Reach – With over 50 years experience and a national footprint spanning more than 300 sites, we proudly serve municipal, commercial, healthcare and government sectors. Our dedicated team of over 10,000 are united by a clear purpose: making a sustainable future possible together

Our national network

350+	Active sites
10,000+	Employees
6,400+	Vehicles in the fleet
~140	Council relationships

● Solid Waste Services
● Environment & Technical Solutions
● Corporate

Delivering Sustainability Outcomes

We are leading the way in sustainability through innovation, and investing in advanced technologies such as energy-from-waste and renewable fuel initiatives. These efforts are helping to reduce landfill dependency, lower carbon emissions and support Australia's transition to a circular economy.

Our commitment to sustainability is driven by four key pillars:

Recovering resources	**Protecting the environment**
Reducing emissions	**Working together**

Through strategic partnerships, tailored education programs and expert-led waste audits, Cleanaway empowers customers to achieve their environmental goals while delivering measurable financial and social benefits. Our long-term Blueprint 2030 strategy ensures we continue to provide high-circularity, low-carbon solutions that create lasting positive impact.

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Waste in the Healthcare Sector

A breakdown of waste in the health sector

Global Waste Ratio

15% 85%

- Hazardous ● Non-Hazardous

Source: WHO

Australia Waste (22-23)

75.6 Mt
Total "headline waste"

6.5 Mt
Hazardous waste

Source: DCCEEW+1

Victoria Health (22-23)

42k+ t
Total solid waste

~8.6k t
Recycled

Source: Health Victoria

Daily Waste Per Bed

Hazardous waste generation.

High-Income 0.5 kg

Low-Income 0.2 kg

Source: WHO

Regulatory highlights

Key acts and standards in Australia.

azardous Waste Act 1989
egulates international movements of hazardous
aste, requiring permits.

ate-Specific EPA Guidelines
over clinical waste storage,
ansport, labelling, and disposal protocols.

ational reporting standards
nproves consistency of hazardous waste data
ollection and reporting.

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Why is healthcare waste different?

It's regulated due to its unique properties,
treatment needs, and the risks it poses.

Hazardous Properties
Contains infectious agents, sharps, chemical, or
radioactive materials.

Specialized Treatment
Requires sterilisation or high-temperature incineration.

Strict Regulation
Governed by standards like AS 3816:2018
for safe management.

Risks of poor handling

Consequences of improper waste management.

Patient & staff health
Needlestick injuries can transmit pathogens like HIV & Hepatitis.

Waste worker safety
Exposure risk for recycling and transport workers from sharps
or contaminants.

Environmental damage
Pollutants like dioxins can be released into air, water and soil.

Compliance & reputation
Breaches lead to heavy fines, legal penalties, and
reputational damage.

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The Case for Sustainable Waste Solutions

The Powerful Impact of Recycling

Keep waste out of landfill

Conserves space and reclaim precious resources.

Conserve Energy

Less energy-intensive than using virgin materials.

Reduces Pollution

Cuts raw materials extraction and Landfill methane emissions.

Creates Jobs

Generates 10-25x more jobs than landfills.

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Case Study: John Fawkner Hospital

Increase solid waste streams from 3 to 20
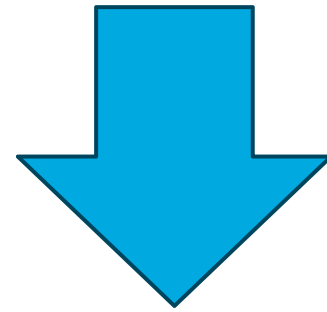
33% decrease in needlestick injuries

John Fawkner Private Hospital reduces waste to landfill by over 50% within 12 months of working together with Cleanaway

Key actions:

- Convert all single use health containers to reuseable
- Waste audits to identify recoverable waste streams
- Work with customer to develop a Waste Action Plan, including education and engagement, and waste stream rollout
- Update Waste Management Plans, processes and systems

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Designing a Waste Management System

Source Separation	Waste Transport	Disposal Point (Intermediate or final)	Bin Transport (if applicable)	Collection Point

Staff separate waste in the available waste streams

Stakeholders
- Facility staff (nurses, doctors, kitchen staff etc.)
- Cleaning team

 Waste Considerations
- Minimum regulated waste streams and safety requirements
- Waste system to maximise source separation
- Regular waste services training and induction for all VCX, cleaning and tenancy staff

Staff / Cleaners transport separated waste from bins to bin room or loading dock

Stakeholders
- Operation Management team
- Guest Experience team
- Cleaning team

 Waste Considerations
- Wayfinding signage and maps
- Access routes including lifts to the disposal point
- Equipment to minimise manual handling of waste

Staff / Cleaners dispose of source separated waste into bins for transport to collection point or loading dock

Stakeholders
- Development team
- Operation Management team
- Staff
- Cleaning team

 Waste Considerations
- Access routes
- Waste equipment (compactors, bins, bin lifts, bin chutes etc)
- Temporary waste storage areas
- Signage – Waste services and instructions

Staff / Cleaners safely relocate bins to agreed collection point for service

Stakeholders
- Operation Management team
- Cleaning team

 Waste Considerations
- Access routes
- Equipment to minimise manual handling (bin trolley, cart, pallet jack, lifts etc.)

Waste service provider collects correctly sorted waste from agreed collection point

Stakeholders
- Development
- Operation Management team
- Cleaning team
- Security
- Waste service provider

Waste Considerations
- Serviceability requirements for collection vehicles:
  - Access roads
  - Turning and loading area
  - Safe waiting bay
  - Adequate dock height
  - Dock access times

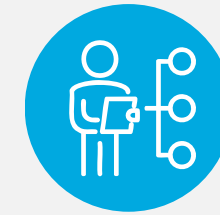# Key takeaways: Best Practice Waste Management Systems

Waste Segregation at source

Crucial for separating hazardous from non-hazardous waste.

Comprehensive Staff Training

Educate on correct handling, labelling, and packaging.

Use of Safe Alternatives

Balance infection control with reusable or safer materials.

Regular Audits & Monitoring

Implement record-keeping to track progress and ensure compliance.

Engage Licensed Contractors

Partner with certified professionals for safe, compliant disposal.

System Design for Waste Reduction

Make informed procurement decisions to reduce packaging.

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Hospital waste management unit design

Strategic Location

Position the unit away from clean/food storage areas to prevent cross-contamination. It must be easily accessible for staff but secured from public access.

Zoning Segregation

Implement separate zones for general, recyclable and clinical waste. Further segregate clinical waste for sharps, human tissue, cytotoxic, and radioactive materials.

Ventilation & Temp Control

Equip the room with appropriate ventilation to manage odours and maintain hygiene. Consider refrigerated storage for waste that may generate offensive odours.

Security & Access Control

The room must be secured and monitored, with access strictly limited to authorized personnel only. This prevents unauthorized access and potential misuse.

Ergonomic Design

Design the room with ergonomics in mind. Ensure bins and shelves are accessible at waist height to reduce the risk of lifting injuries for staff.

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Waste Streams On Offer

We manage 20+ specialised waste streams across healthcare and related industries, ensuring compliance, safety, and sustainability.

Solid Waste

General waste
✓

Mixed Recycling
✓

Cardboard & paper
✓

Food organics
✓

Green waste
✓

Confidential waste
✓

E-waste
✓

Specialty Waste Streams

Hygiene waste
✓

Quarantine waste
✓

Oil & grease traps
✓

Soft plastics
✓

Battery & fluorescent tubes
✓

X-ray film/ developer waste
✓

Clinical & Hazardous

Clinical waste
✓

Sharps containers
✓

Cytotoxic waste
✓

Anatomical waste
✓

Pharmaceutical waste
✓

Chemical waste
✓

Mercury & amalgam
✓

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Victorian Health Infrastructure: System need and infrastructure pipeline planning

Esther Warren
Executive Director, Health System and Asset Planning
Victorian Department of Health

The need for investment strategy in healthcare infrastructure
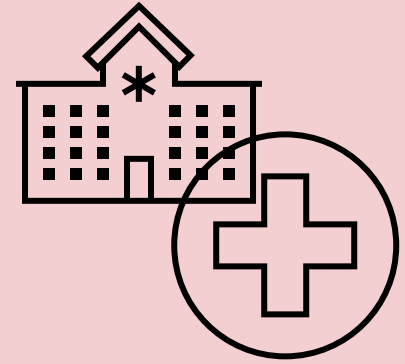
Aligns health infrastructure with health system needs
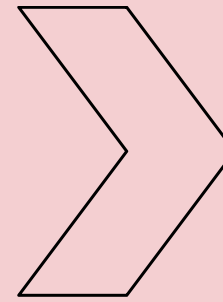
> Drives the evolution of models of care
> Future proofs infrastructure for growing communities
> Considers and integrates digital solutions
> Reduces disparities in access and outcomes
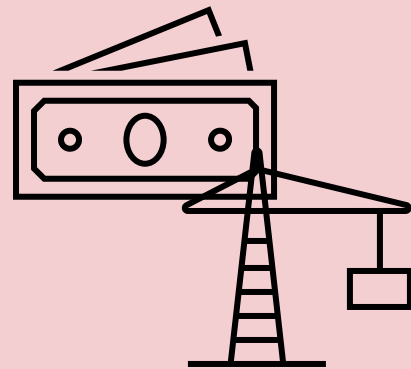
Ensures value for investment
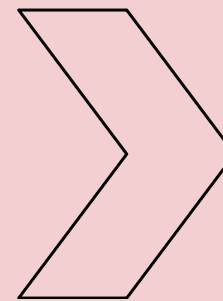
> Avoids underutilisation of assets
> Addresses more than one system or community need
> Prioritises investments that have long-term impact
> Upholds strong governance
> Better tracks benefits and outcomes
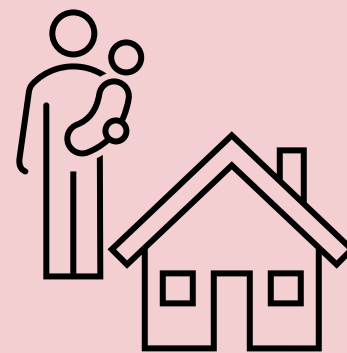
Enables system resilience
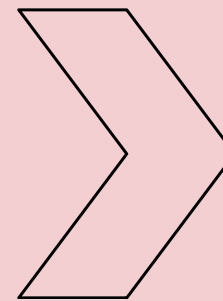
> Reduces reliance on ageing or vulnerable assets
> Protects specialist services
> Includes environmental sustainability initiatives

Investment strategy is built upon data-driven network planning

August 2024
The Health Services Plan (HSP) sets out recommendations for a more connected system.
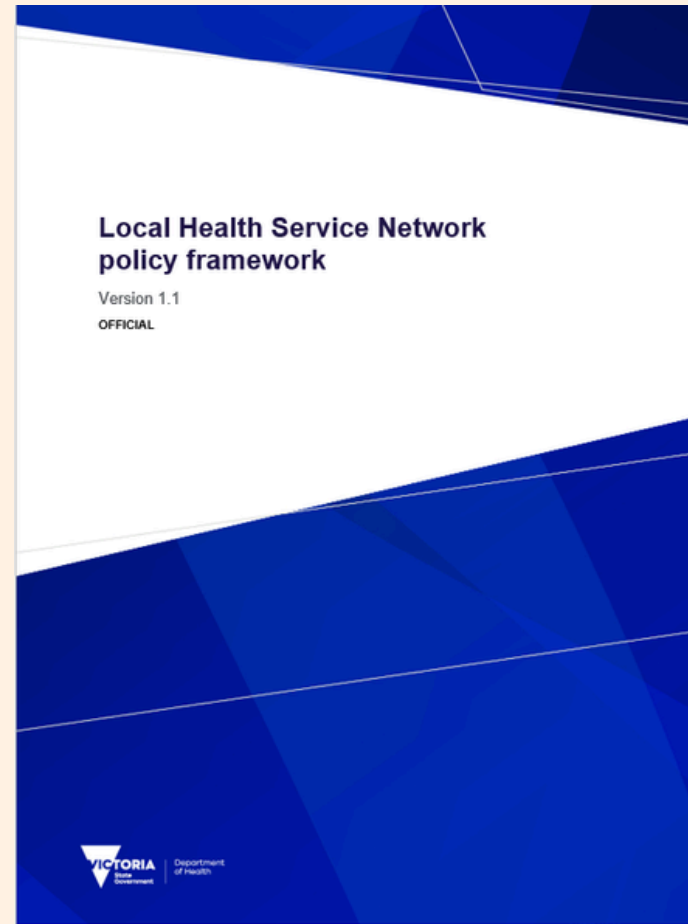
July 2025
Twelve Local Health Service Networks launched to drive improvements through health services working together and by identifying and planning improvements to address health needs locally.

Network planning enables a connected, **sustainable health system**
- Care pathways become streamlined, improving equity and enhance patient flow
- The system integrates broader mental health/wellbeing and aged care services
- With shared workforce plans, health services can build a resilient, sustainable health workforce that can adapt to regional needs
- Scaling safety and quality initiatives ensures more person-centred and reliable care
- Shared services reduce duplication and free up resources for frontline care

In Victoria, **system and network planning formalises**:
- The establishment of Local Health Service Networks (LHSNs), based on geography
- Relationships between each LHSN and a women's, children's and tertiary hospital for specialist care and expertise when appropriate
- The Victorian Role Delineation Framework, which is a collaborative tool that describes the roles and responsibilities of each health service site, based on their size and capability data

Network planning takes into consideration all planning initiatives, not just health reform

Plan for Victoria

This plan provides local governments with strategic direction, aligning planning activities to head in one direction.

This plan focuses on:
- Self-determination and caring for Country
- Sufficient affordable homes
- Accessible jobs and services
- Thriving suburbs and towns
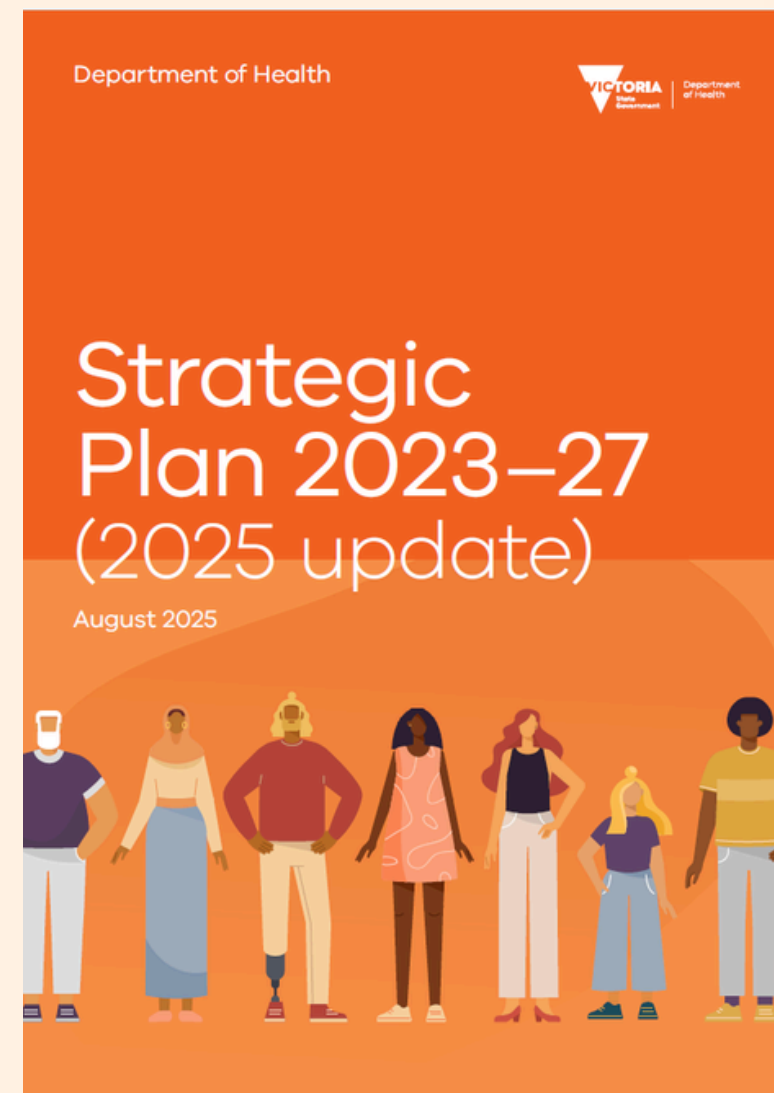- Ensuring sustainable environments

Victorian Infrastructure Plan
Victoria's 30-year strategy
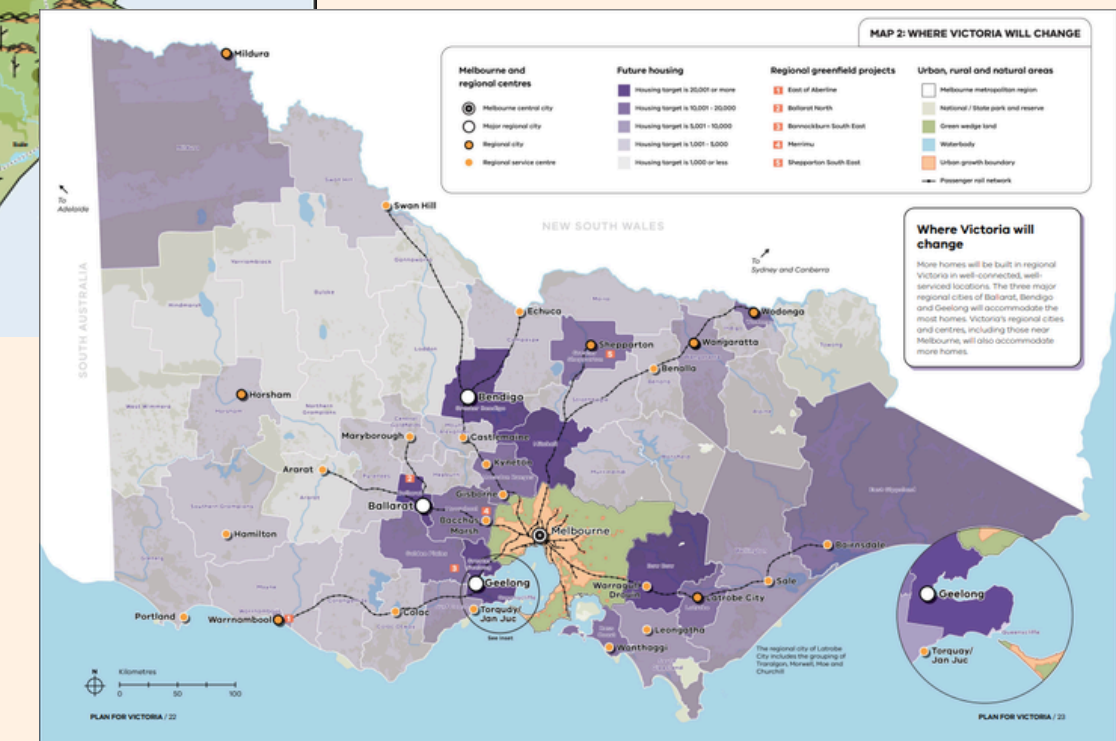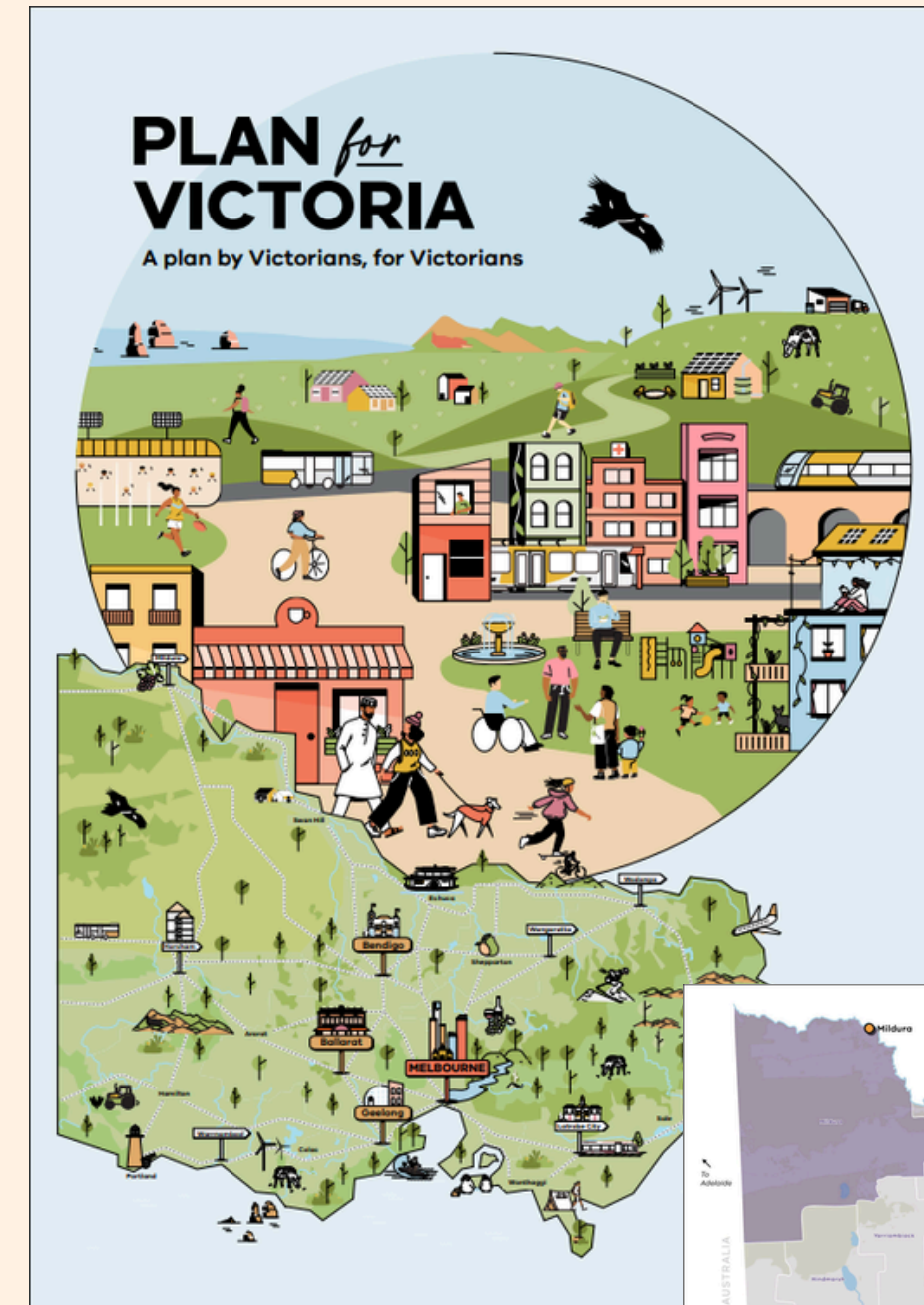
Investment strategy is planned and prioritised through an investment prioritisation framework

Inputs: System needs data, asset data health service patient data, planning activities at a local and statewide level

Output: A comprehensive **investment pipeline** that mitigates the risk of building health infrastructure that is not fit-for-purpose

The department is creating an infrastructure investment pipeline tool to support our investment strategy and planning
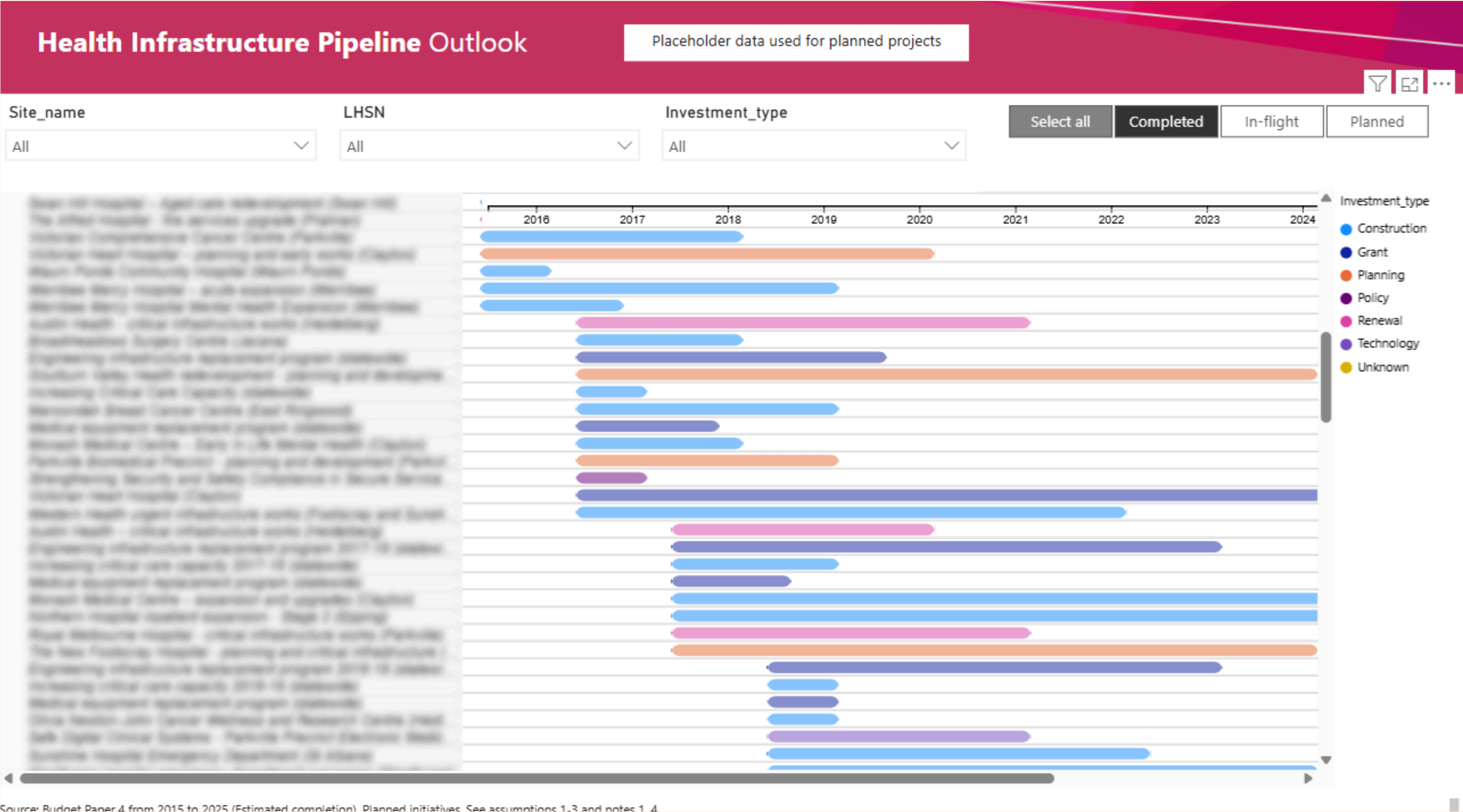
Digital to support meeting system need

Digital and ICT considerations are incorporated during planning and investment

Victoria's digital health roadmap
Improving patient care by lifting digital maturity in Victoria's public health services 2021–2025
OFFICIAL

VVED VICTORIAN VIRTUAL EMERGENCY DEPARTMENT

PLEASE NOTE: The VVED is a free, state-wide service. If you are contacted for payment, please do not disclose your personal details and refer the matter to vved@nh.org.au

Welcome to the Victorian Virtual Emergency Department (VVED), a public health service to treat non-life-threatening emergencies.

If your situation is life-threatening, please call Triple Zero (000)

If you wish to pre-register with VVED before you need us, please click here and follow the steps to set up an account.

VVED is an emergency care service and does not do routine prescription refills or medical certificates. Please contact alternative providers for these needs.

Please enter the VVED according to the category which best represents you.

Are you Sick/Unwell? — Click here
Are you from Ambulance/Patient Transport? — Click here
Are you an Aged Care Service? — Click here
Are you a Healthcare Provider? — Click here

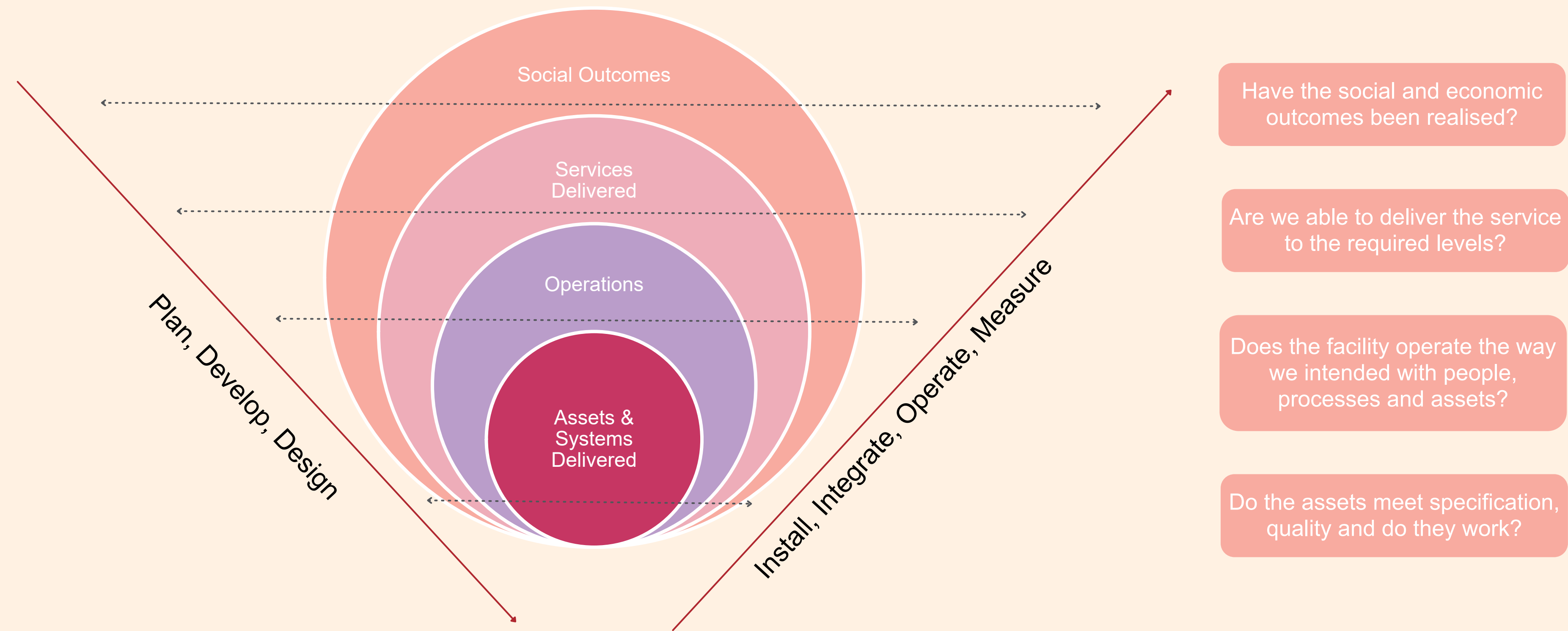|	
Patient portals	Data centres/cloud
Cybersecurity infrastructure	Digital Models of Care
Electronic Medical Records	Digital diagnostic tools

Physical infrastructure needed to establish ICT systems

Workforce training on digital platforms and tools

To implement the infrastructure pipeline, we collaborate closely with VIDA Health to build infrastructure that addresses system needs

Social Outcomes

Services Delivered

Operations

Assets & Systems Delivered

Plan, Develop, Design

Install, Integrate, Operate, Measure

Have the social and economic outcomes been realised?

Are we able to deliver the service to the required levels?

Does the facility operate the way we intended with people, processes and assets?

Do the assets meet specification, quality and do they work?

Clarkson, J., Dean, J., Ward, J., Komashie, A., & Bashford, T. (2018). "A systems approach to healthcare: from thinking to practice." Future Healthcare Journal, 5(3), 151-155. doi: 10.7861/futurehosp.5-3-151 [1][2]

Victoria's Draft 30-year Infrastructure Strategy
https://engage.vic.gov.au/victorias30yearinfrastructurestrategy

Health Services Plan (HSP)

The Paradox: High Trust, Failing Model

Our greatest asset is undermined by an outdated system at how we fund the system and its governance

Our strength

We have immense public trust, the bedrock for change.

The problem:

Our 30-year-old model of competition and efficiency has reached its limit.

The consequence

It creates silos and can't address the complex, integrated challenges of today (aged care, mental health, primary care).

The Core Challenge: The Funding Disconnect

Our system is at best **haphazard** – or at worst **unfunded** for the future

The need

A growing infrastructure deficit across the entire health ecosystem.

The cause

The National Health Reform Agreement inadequately funds activity but ignores the cost of capital (buildings & tech).

The result

A Federal/State standoff that stalls investment and system-level reform.

The Vision & Next Step

An **integrated** system, **properly funded** to drive **system reform**.

The vision

A collaborative network led by capable health services, built on our foundation of public trust.

The essential first step

Reform the NHRA to properly integrate the cost of capital, as advised by the Board of Treasurers.

The obligation

New funding must be tied to a commitment to this new, collaborative, whole-of-system approach.

The **Solution:** Scale, Collaboration & Autonomy

A new model: From competition to system stewardship

Health services at scale

Empower major health services to become regional system leaders, integrating public, private, and primary care collaboration and partnership.

From competition to collaboration

Shift focus from competing within and across systems to improving the health of the entire community.

'Earned autonomy'

Capable, trusted services earn the right to have a greater say in planning and financing their own infrastructure.

Our Calls to Action

Shared responsibility

Health Leaders

Think beyond your walls.
Forge radical collaborations.

Governments

Reform the national agreement
to include a bargain around better funding – better outcomes and by requiring capital models and mechanisms and drive system-wide integration and regional scale.

Broader Sector

Come to the table. Design new partnership models that sustain the future of health care in the model where Australia's performance has been world leading – Public – Private – social care blended to deliver better outcomes.

Let's build the collaborative future of health

The Hon Martin Foley
Chair, Alfred Health

E martin@martinfoley.com.au
    chair@alfred.org.au

How will you build and fund the hospitals and health precincts of tomorrow, when traditional models are no longer enough?

The Current Landscape

Australia's Health Landscape

- Reliance on Commonwealth & State government capital works funding
- Budget cycles and election cycles constrain long-term planning.
- Grants and direct capital investment dominate, but: Slow, reactive, and vulnerable to political shifts.
- Cannot keep pace with rapid demand for digital health, community hubs, and regional outreach.
- Regional and rural communities underserved

OnDemand Projects
Collaborative Project Services
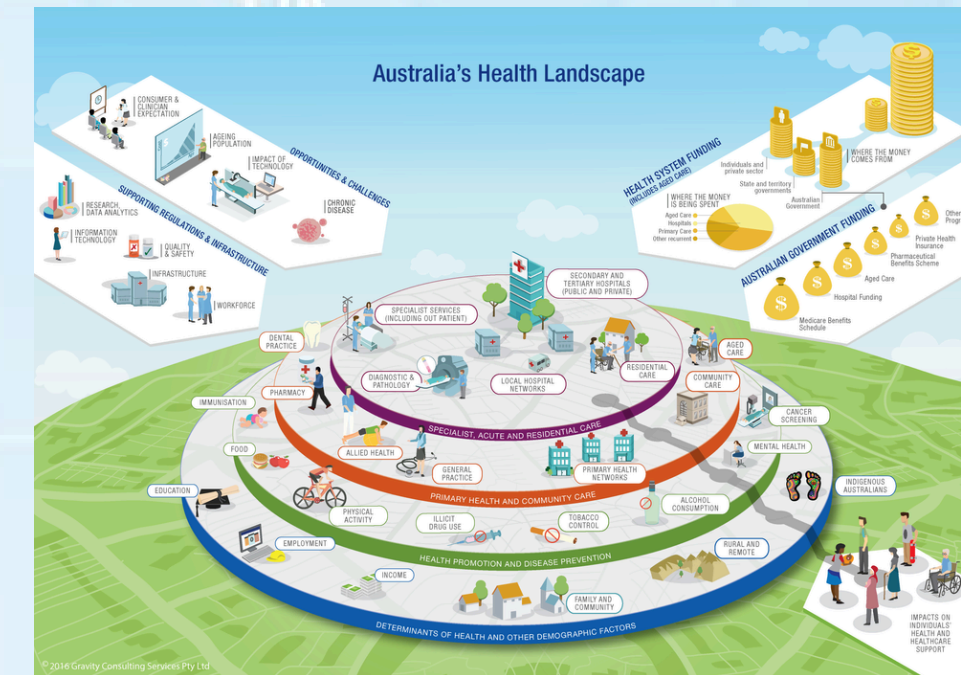
Public–Private Partnerships (PPPs)

Public–Private Partnerships (PPPs)

- Overview of PPPs: design, build, finance, operate models.
- Case Studies:
    - Northern Beaches Hospital (NSW): blending public/private services.
    - Sunshine Coast University Hospital (QLD): $1.8B PPP for a growing coastal population.
- Successes: access to upfront capital, quicker delivery.
- Challenges: long-term cost to government, public perception of "privatisation".
- Lessons: future PPPs must embed outcome-based healthcare KPIs, not just building delivery.

Leasing & Managed Services

Leasing & Managed Services

- Managed Equipment Services (MES) models in NSW & VIC
- Benefits: access to latest technology without big upfront spend
- Risks: vendor lock-in through long contracts
- Opportunity: extend to digital health, robotics, AI systems

Impact Investing & Social Bonds

- NSW pioneered Social Impact Bonds (Newpin, Resilient Families)
- Investors rewarded for measurable outcomes in health
- Potential in preventative health, Indigenous health, ED demand reduction
- Challenge: building reliable outcome metrics and scaling

Superannuation Funds & REITs

- This is one of the biggest opportunities for Australia.
- We have a $3.7 trillion superannuation sector — all looking for long-term, stable assets Healthcare infrastructure: resilient, ESG-aligned, predictable yields
- Examples: Australian Unity, Dexus Healthcare Property Funds
- Imagine super funds co-investing in regional hubs, aged care precincts, and mental health facilities.

It's a natural fit between national savings and national health needs.

Partnerships Beyond Financing

- Universities + hospitals (e.g., Monash Health & Monash University)
- Corporates in digital health (Telstra Health, Siemens)
- Tri-sector collaborations: Gov + Private + NGOs
- Cross-border regional health hubs (e.g., Mildura across VIC/NSW/SA)
- Cultural Divers partnerships that bring together Community Health, Primary Health, Allied Health and Acute Health .

Challenges and Risks

- Public mistrust if PPPs seen as privatisation
- Complex long-term contract management
- Political cycles vs long-term projects
- Equity concerns: ensuring rural and Indigenous access

Conclusion
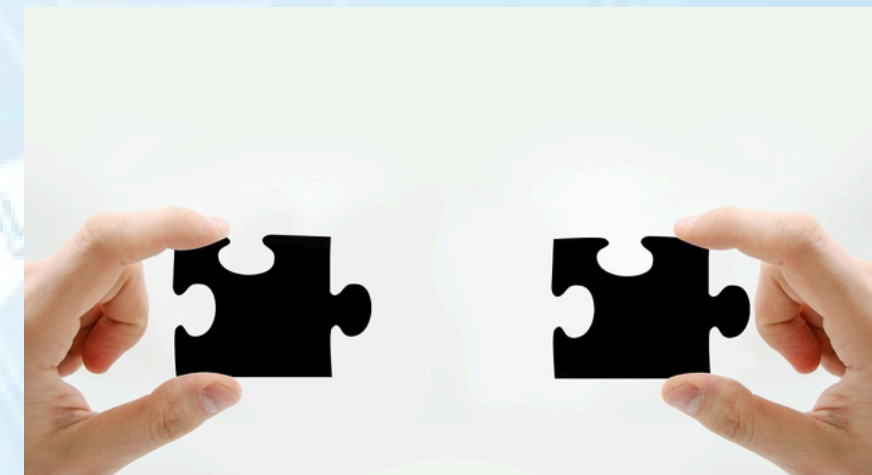
- Traditional funding is insufficient to meet Australia's health needs
- Innovative financing and partnerships are essential
- Australia has strong enablers: super funds, philanthropy, corporates
- Investment need to be future-ready models
- Government needs to empower health services engage in these models

Contact or Follow me on LinkedIn:

Final Reflection

If you had $100 million to invest tomorrow, would you put it all into bricks and mortar, or would you co-invest in a model that blends technology, prevention, and partnerships?

How would you build and fund the hospitals and health precincts of tomorrow, when traditional models are no longer enough?

Contact or Follow me on LinkedIn:

Thank You

High demand for community mental health services

83,000+ people accessed community mental health services in 2022-23 [51]

...higher than national rate

Mental health primary MBS items per 100 population, 2022-23 [52]

	per 100 population
Gold Coast	13.9 per 100 population
Australia	11.2 per 100 population

(Axis: 20, 40, 60, 80, 100)
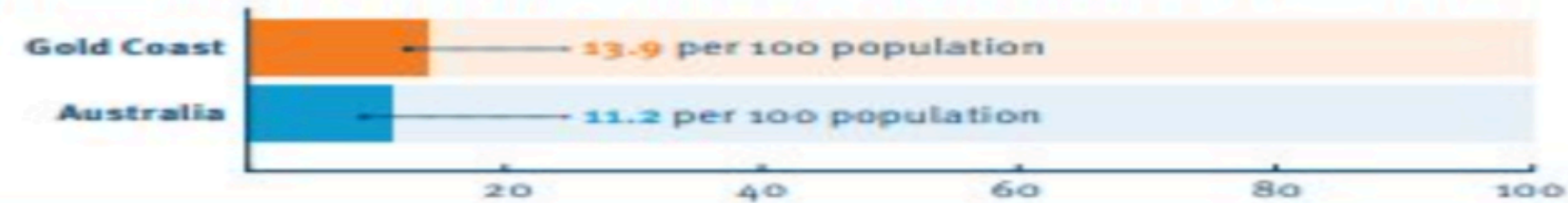
Cost & availability limit access
to psychology & community mental health services [53]

Reasons for mental health hospitalisation, 2022-23 [53]

- Other 18.3%
- Suicide and self-injury 3.5%
- Schizophrenia 7.4%
- Psychoactive substance use 11.5%
- Depression 29.7%
- Anxiety 29.6%

+14.4% ED presentations for AOD in 5 years to 2023-24

Suicide is a leading cause of death among people aged <45 [56]

448 suicide deaths in 2018-2022

>50% suicide deaths occurred in people **aged under 45** in 2020-22

Limited community AOD capacity & coordination leading to client disengagement [58]

- ⬇ withdrawal & residential detox capacity
- ⬇ service coordination, risk of disengagement ⬆
- **~50%** of treatment seekers aged 10-29

What does this service provide

- First secure mental health rehabilitation unit on Gold Coast

- Statewide model of service guides care delivery

- Supports the recovery of adult consumers with severe and complex mental health disorders
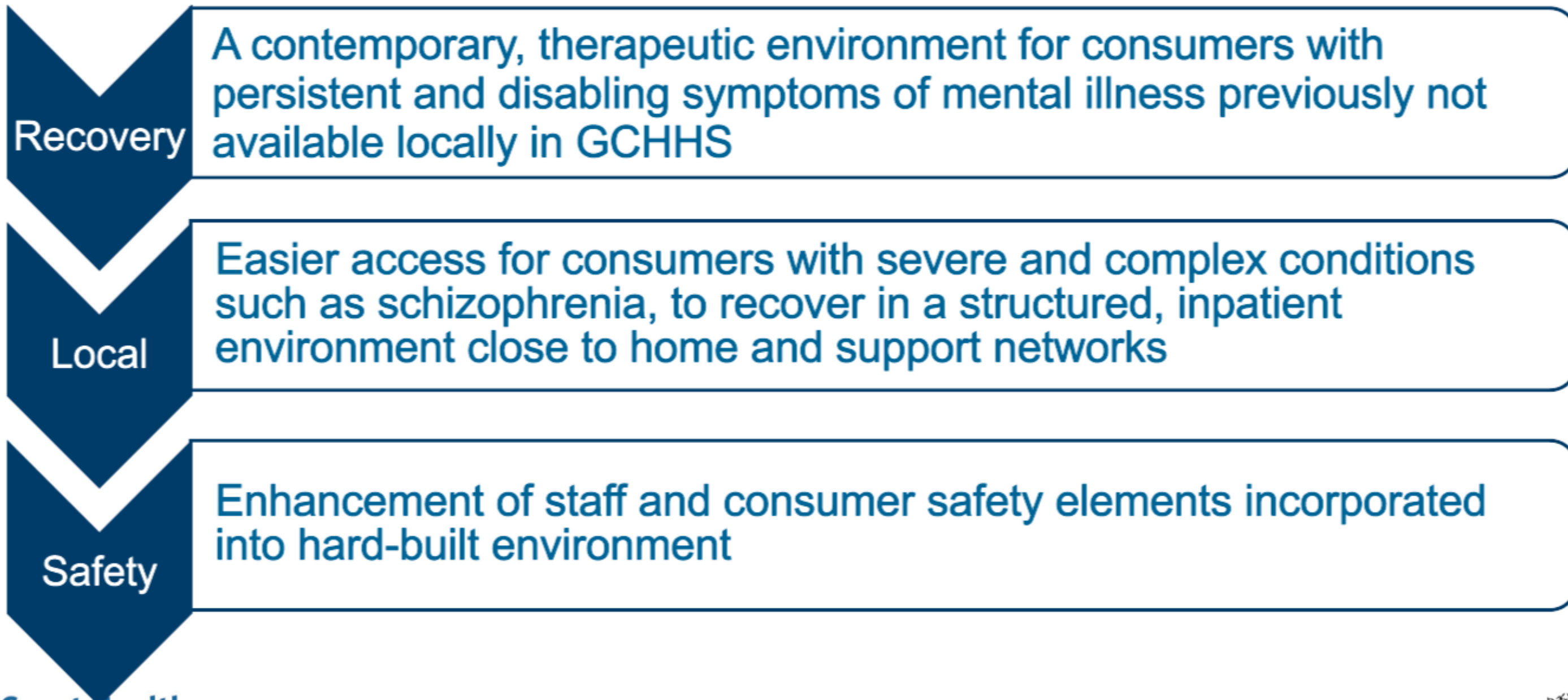
- Complements other inpatient and and community services

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always care

Queensland Government

Who are the consumers

- Length of Stay: 6 -12 months

- Consumer profile: average age – 40 years old, male 70% + female 30%

- Primary diagnosis: schizophrenia + secondary diagnosis: psychoactive substance use

- All consumers receiving care subject to a treatment authority, forensic order or treatment support order.

- Referral source: Initially from other SMHRUs, then other sources

- Require therapeutic group and individual programs, including psychological, physical, music, art + life-skill rehabilitation to facilitate recovery

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Benefits of GCH SMHRU

SMHRU addresses a critical gap in long-term, rehabilitation mental health care within a contemporary, world-class facility developed in collaboration with staff and people with lived experience

Recovery
A contemporary, therapeutic environment for consumers with persistent and disabling symptoms of mental illness previously not available locally in GCHHS

Local
Easier access for consumers with severe and complex conditions such as schizophrenia, to recover in a structured, inpatient environment close to home and support networks

Safety
Enhancement of staff and consumer safety elements incorporated into hard-built environment

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Design philosophy – Balancing security with human centeredness

Started with vision for unit, aligned with benefits, mental health care philosophy and HHS values

Encourage autonomy and movement

Therapeutic zones and communal areas

Staff visibility without intrusion

Privacy and dignity foundational

Co-Design in partnership with consumers who have lived experience, First Nations team, carers

Staff engagement and consultation throughout

Building overview

- Expansion to Gold Coast University Hospital

- $122.74 million budget

- Three levels – 2 x 20 bed units, undercroft, plant and sally port on lowest level

- Linked to the main hospital building by a semi-enclosed linkway

Gold Coast Health
Gold Coast University Hospital
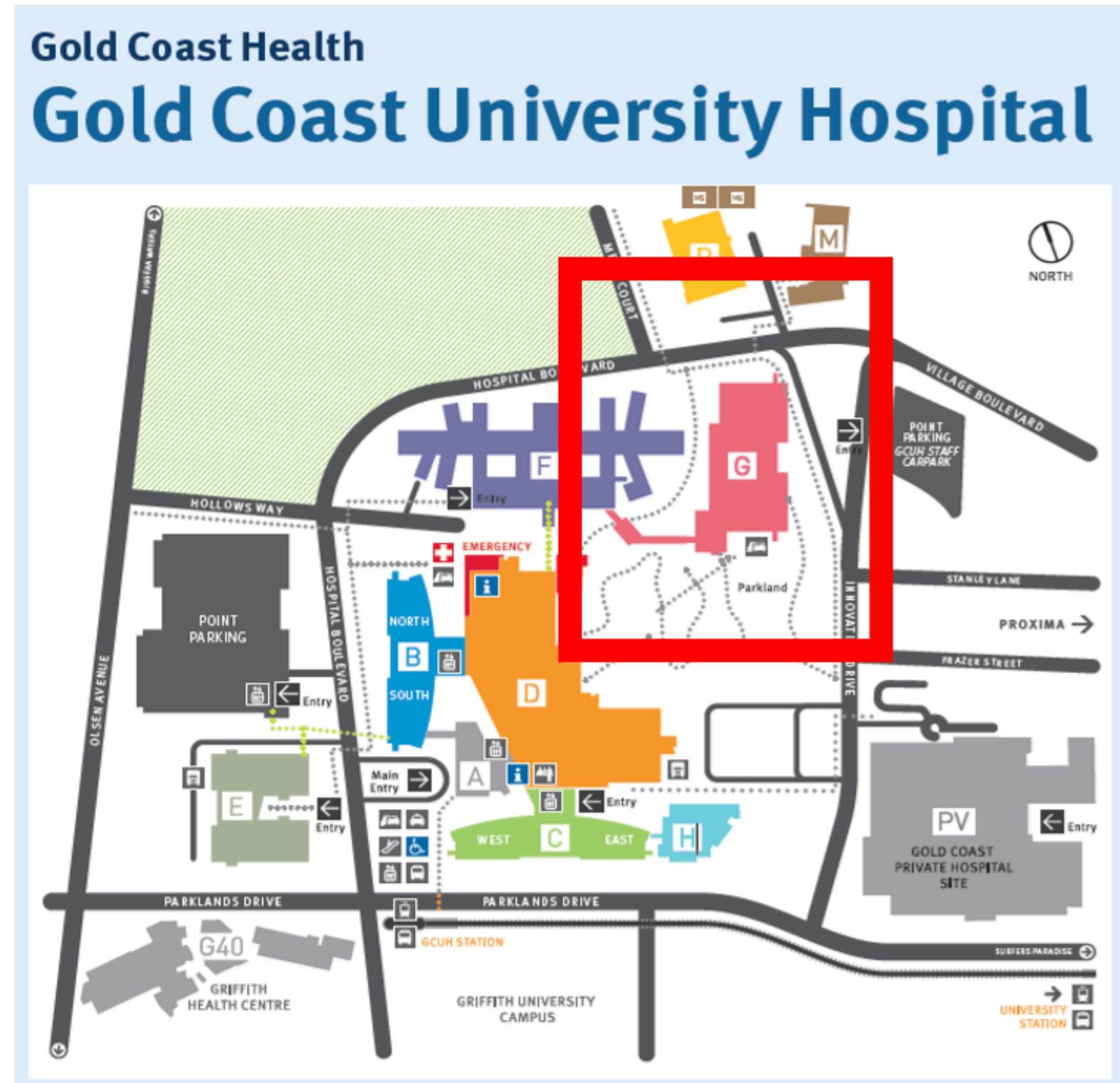
Spatial planning

- "Building is the perimeter" courtyards to promote activity and observe safety, within the footprint

- Functional and safety aspects informed by historical clinical data, other units experiences

- Open communal spaces within each unit, therapy and activity spaces

- Safety and security including CCTV and access control without comprising comfort

- Segregated "Back of House"

Spatial planning

Design and engagement

- Site visits - new and old sites

- Architects experienced in designing MH Units

- Specific targeted engagement and consultation during detailed design to develop artwork approach, yarning circle design

- Prototype room - test design and engage staff and stakeholders for specific rooms

- Significant program of social media, engagement activities and media
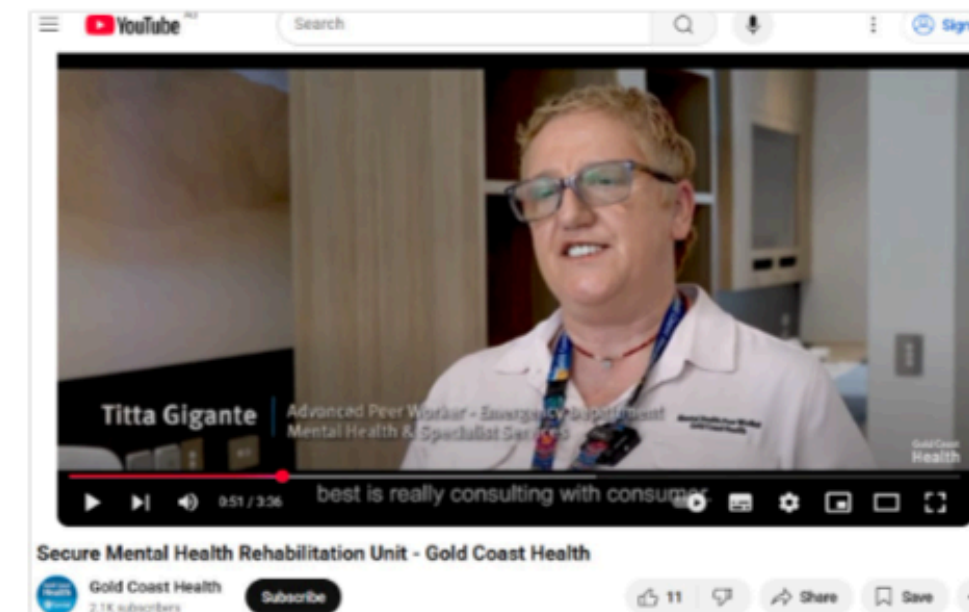
Materials / furniture / colour

- Homeliness - less clinical feel

- Robustness - durability with warmth

- Safety - of consumers

- Safety - of staff

- Colour psychology - palette promotes healing and recovery

Interior design

Artwork

Multifaceted approach to artwork

Gold Coast Health always care

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Consumer bedroom elements

- Consumer beds vs hospital bed

- TV vs no TV

- Privacy vs observability

- Safety and robustness

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Yarning circle / family visiting courtyard

- Culturally safe space for consumers to meet with family

- Designed in collaboration with the GCH First Nations Health Service

- Consultation undertaken with Community

- Circular design to reflect function

- Local artist completed etching design

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Queensland Government

Consumer courtyards

Access to external area within each of the consumer bedroom areas deemed key

- Physical activity – basketball vs easier options

- Visibility, resulting in extra glass = extra cleaning

Gold Coast Health
always care

Queensland Government
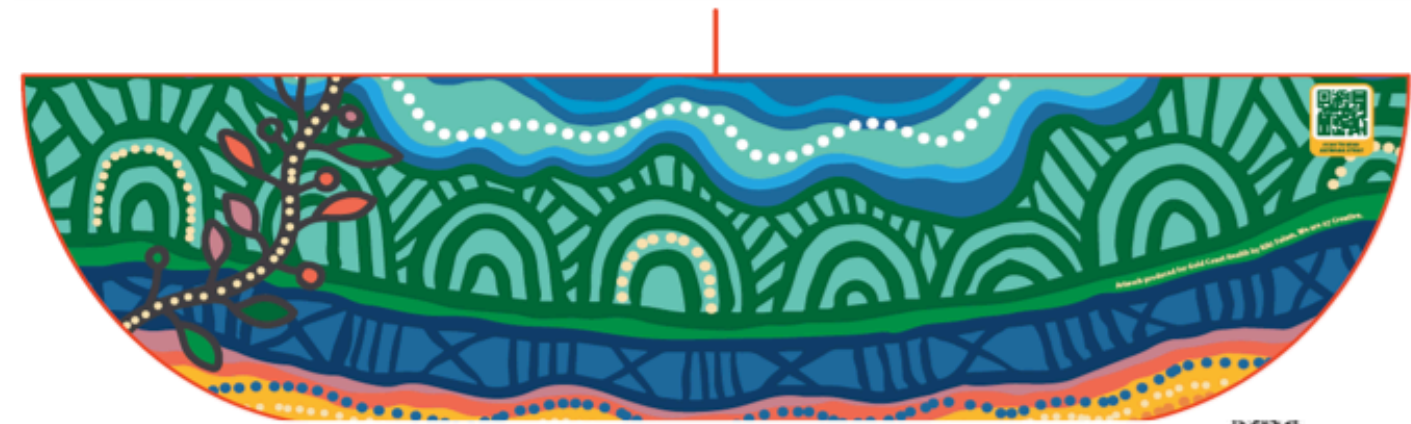
Safety and security

- Privacy considerations

- Sensory modulation

- De-escalation rooms

- Invisible security features

- Technology integration

- Staff sightlines, exit options and emergency response

Clinical simulations and testing

Summary of lessons

- There will be tensions
  - Safety vs privacy vs therapeutic design
  - Existing operational practices vs opportunity for contemporary approach
  - Minimising costs vs staff vs consumer expectations

- Answer: stakeholder engagement is critical

- Collaboration between clinical frontline staff and design teams – needs to be continuous

Consumer Voice - lived experience taught us things no design book could by itself

When consumers and clinicians are at the centre of design

Government Commitment

The South Australian State Government committed to "build and open 72 new Mental Health Rehabilitation beds" including a 24-bed units at The Queen Elizabeth Hospital.

The Mental Health Rehabilitation Beds will be an integral part of a continuous and supportive pathway across the consumer journey.
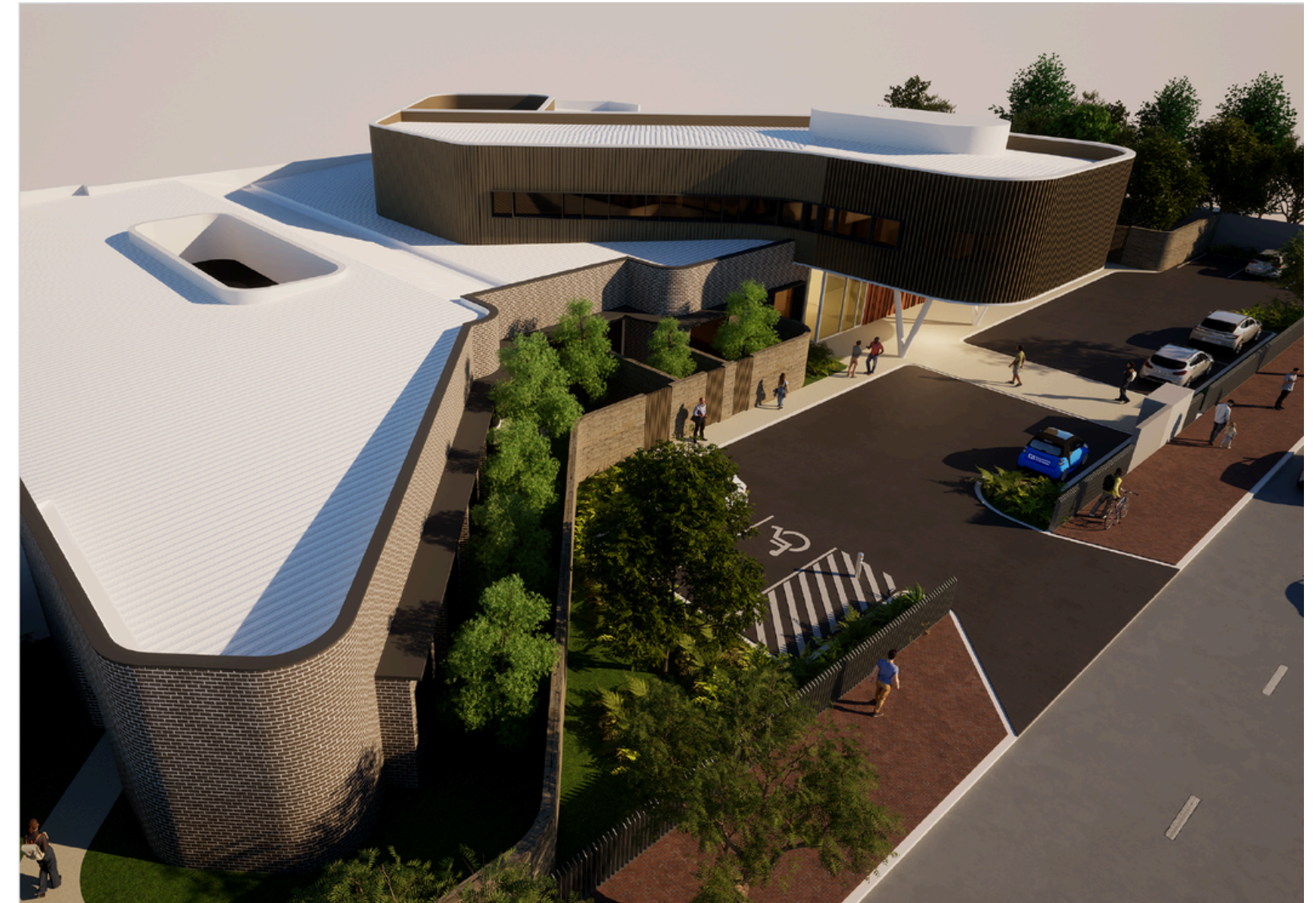
Started with the end in mind

Co-design was at the heart of the project from the beginning
The service and building were developed in partnership with CALHN staff, consumers, carers and people with lived experience of mental health recovery
This influenced the design of
- The model of care
- The environment
- Interior and landscaping design

$51M Queen Elizabeth Hospital Mental Health Rehabilitation Service

- 24 bedrooms with private ensuites,
- outdoor activity areas,
- multiple therapy spaces promoting physical activity, creative arts,
- cooking and daily living
- sensory rooms.
- dedicated spaces for families to come together, including an outdoor garden.

Designed in Partnership with Lived Experience

- The themes help consumers and staff with internal wayfinding, and connection to the local area.
- The two themes are:
  - River
    Symbolises continuity, healing and connection across time
  - Mangrove
    Symbolises resilience, support and community
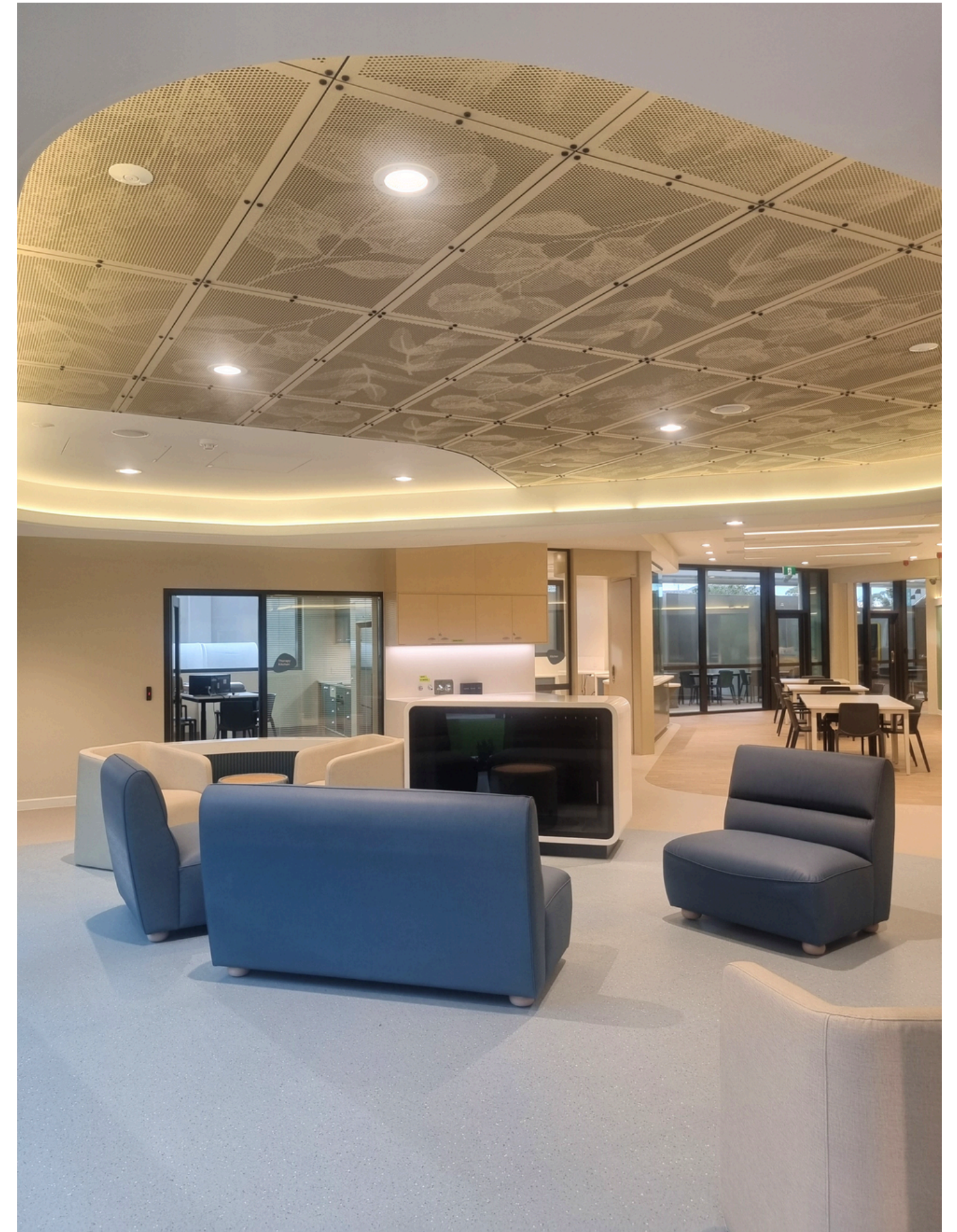
The influence of lived experience – safe spaces

Replacing a traditional seclusion room with
- two snugs,
- dedicated sensory room,
- multiple outdoor spaces
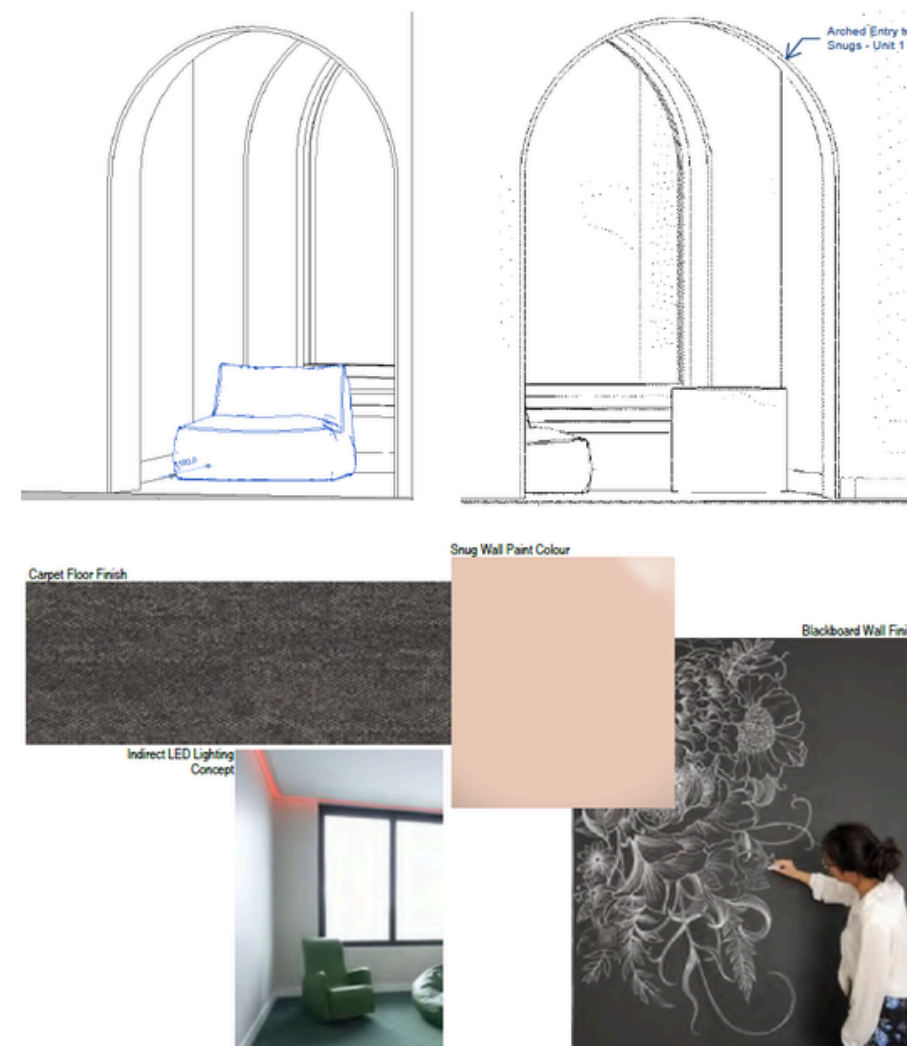
The influence of lived experience – patient rooms

Key design elements in the consumer bedrooms:

- ○ Access to natural light and openable windows
- ○ Flexible seating
- ○ Whiteboards
- ○ Storage in the bedroom and ensuite

Consumer Mural Project

Inspired by water, the artwork reflects themes of life, wellness, and recovery.

The Queen Elizabeth Hospital
Mental Health Rehabilitation Service

Proudly opened by

The Honourable Peter Malinauskas MP
Premier of South Australia

The Honourable Chris Picton MP
Minister for Health and Wellbeing

14th September 2025

Health
Central Adelaide
Local Health Network

Built in partnership with lived experience

Located in The Queen Elizabeth Hospital precinct

Co-designed by consumers and staff to support wellbeing, dignity, and independence

Link to video

https://youtu.be/RoWHVKdrEn0

Overview

- The challenge
- The opportunity
- The history
- The future

Challenge 1: Market Capacity
Step change coming

Figure 3 Public hospital infrastructure expenditure as a percentage of GDP

Historical versus projected
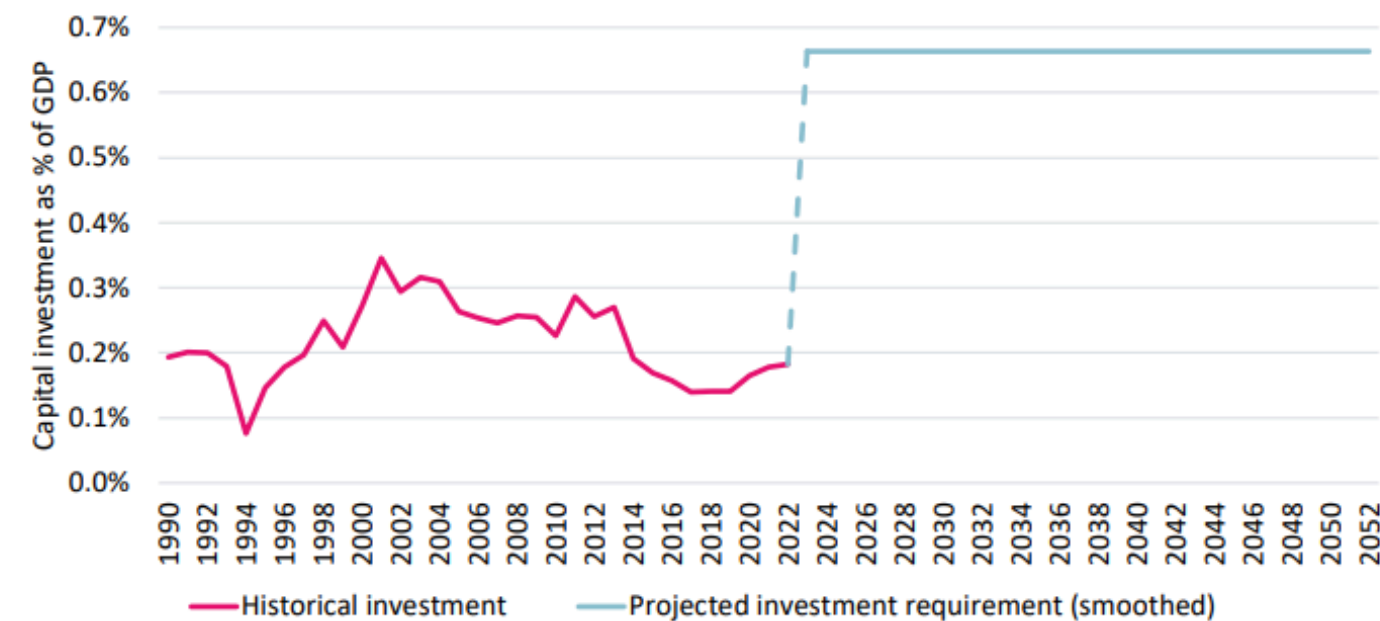
Source: NZIER, The Treasury (2021)

Legend: Historical investment — Projected investment requirement (smoothed)

Challenge 2: Cost of delivery
Going the wrong way

AVERGE $ PER M2 OVER TIME

Te Whatu Ora
Health New Zealand
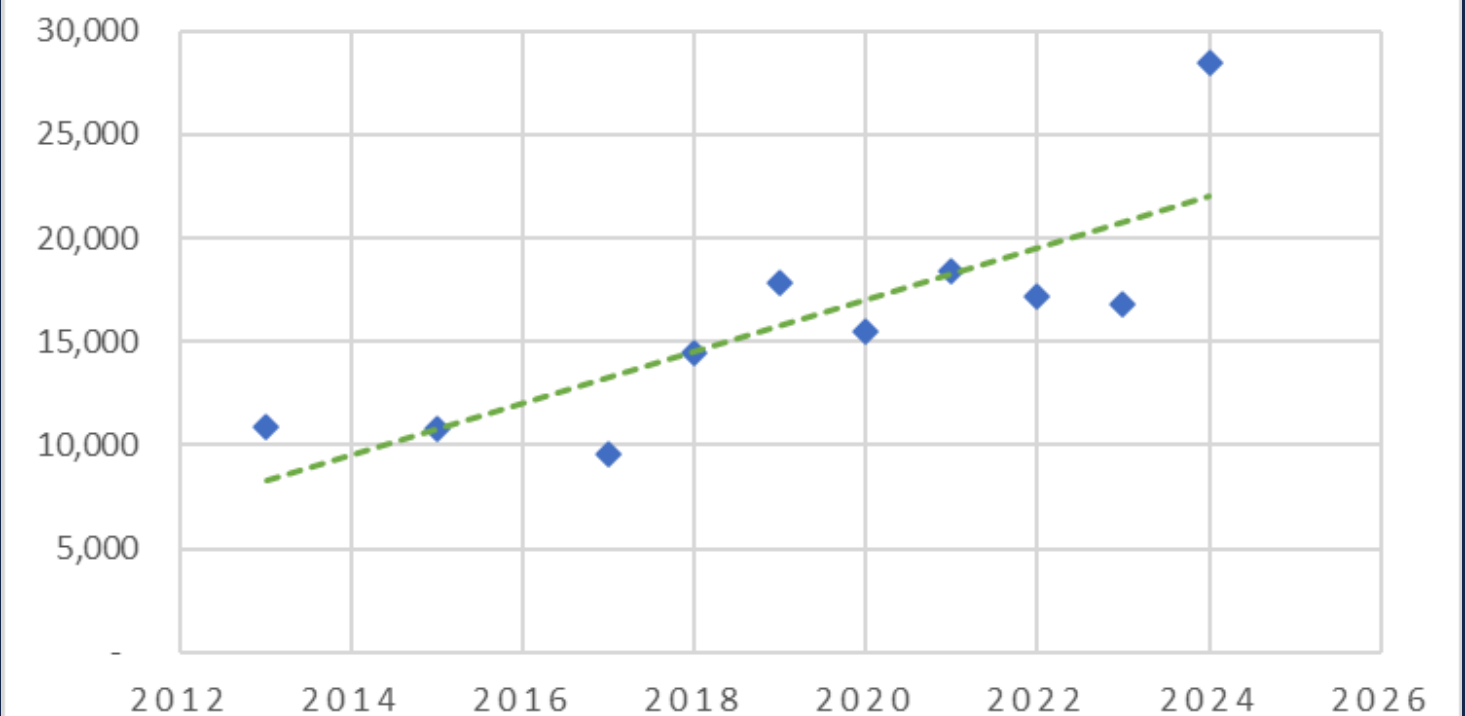
What is possible?

FIGURE 23 - DISTRIBUTION OF COST PER SQUARE METER OF HOSPITALS (USD, 2021)
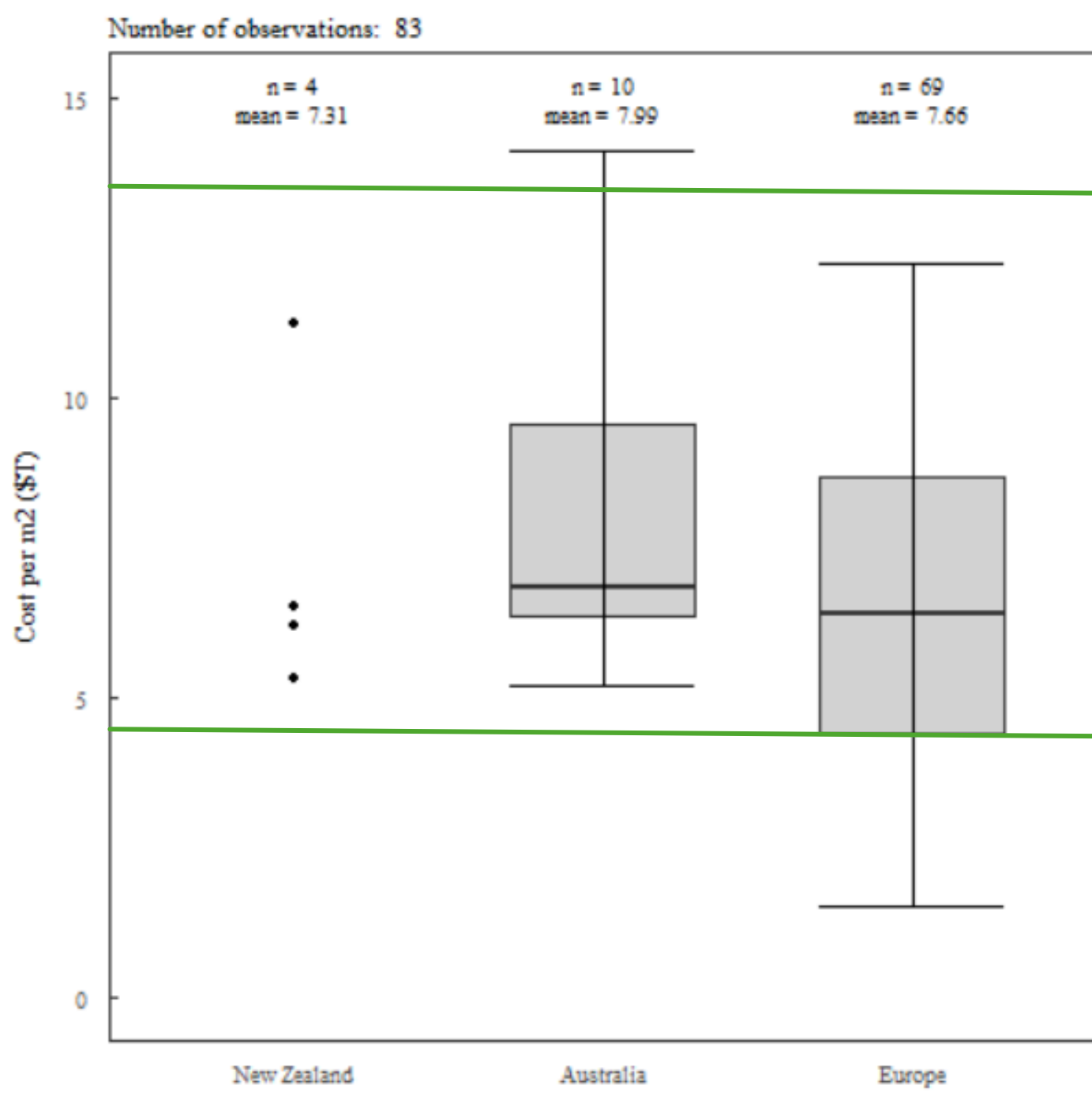
Current NZ benchmarks

60% cheaper build costs

Best 25% of Europe

What is possible?

Figure 14 Relationship between total facility GFA and number of beds

By facility size as measured by bed number
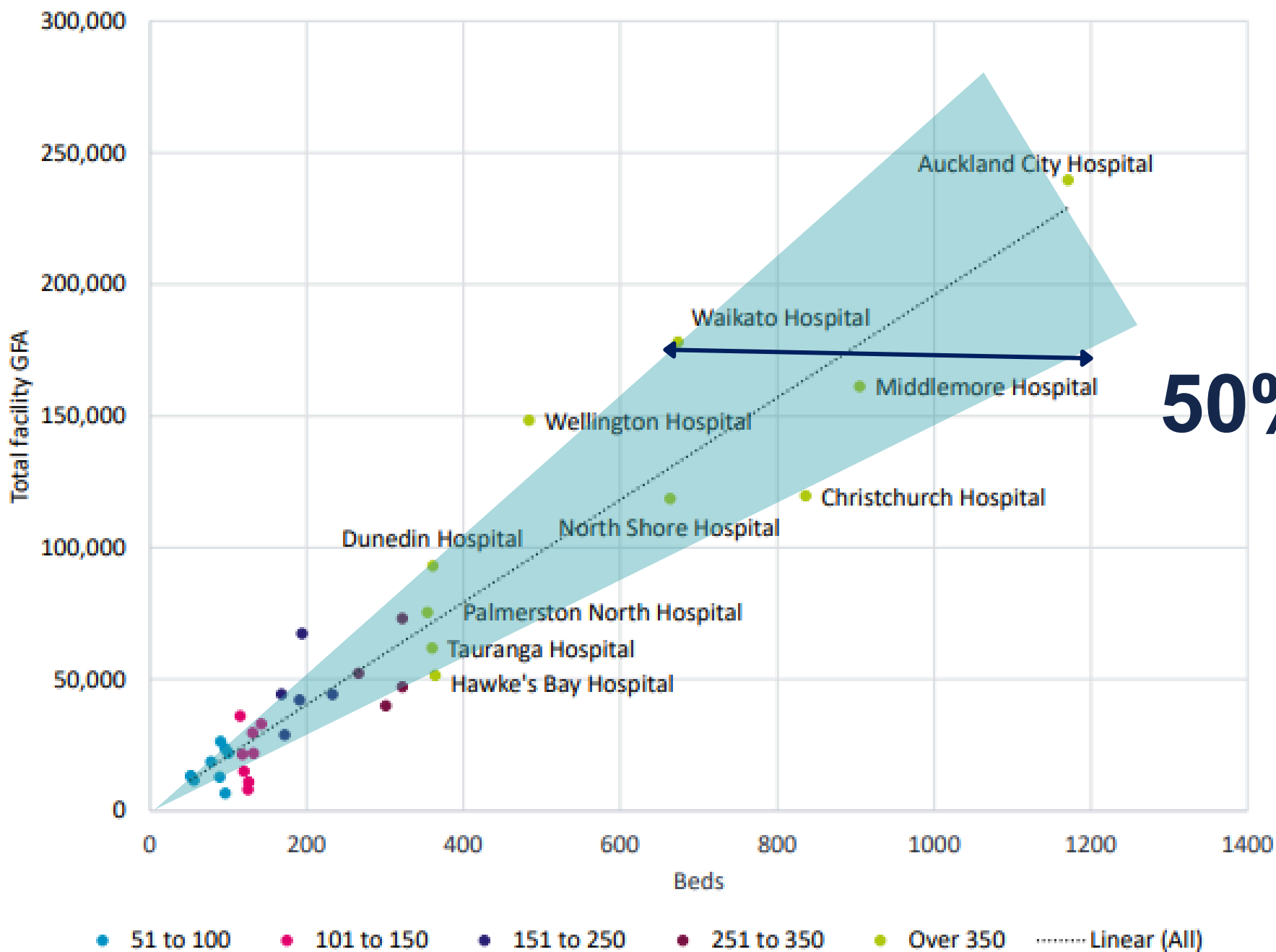
50% more beds

Source: NZIER, Te Whatu Ora and Ministry of Health data

…as a general rule Government's moved to models where they outsourced their technical skills and relied on the market to deliver any new facilities. Consultants were used to design projects that were then delivered by contractors chosen by competitive tender

However it often fails because the parties to the project encounter a recurring problem: consultants struggle to acquire the knowledge needed to design the right project to solve the owner's infrastructure problem…

From Transactions to Enterprises, ICE, 2017

Te Whatu Ora
Health New Zealand

Building Hospitals Better
Delivering Better Value Health Infrastructure Faster

Standardised Approach
- Demand Modelling
- Design Briefs
- Schedules of accommodation
- Australasian HFG
- Standard Rooms
- Kit of Parts
- Reference Designs

Staged Delivery
- Right size projects
- No more all-at-once solutions
- Adaptive re-use
- Smoother Pipeline
- Clinical Priorities sooner

Strategic Partnership
- Aligned Incentives
- Supply chain innovation
- Modern Methods of Construction
- Digital Tools
- Design Coordination

Health Infrastructure Plan Construction Pipeline

- $20B Pipeline
- Significant Increase in investment
- 80 Planned Projects:
  - Northern – 32
  - Te Manawa Taki – 18
  - Central – 17
  - Te Waipounamu – 13
- Includes multiple campus redevelopments

ESTIMATED SPEND

- >$3Bn
- $2-$3Bn
- $1.5Bn-$2Bn
- $1Bn-$1.5Bn
- $500M-$1Bn
- $100M-$500M
- <$100M
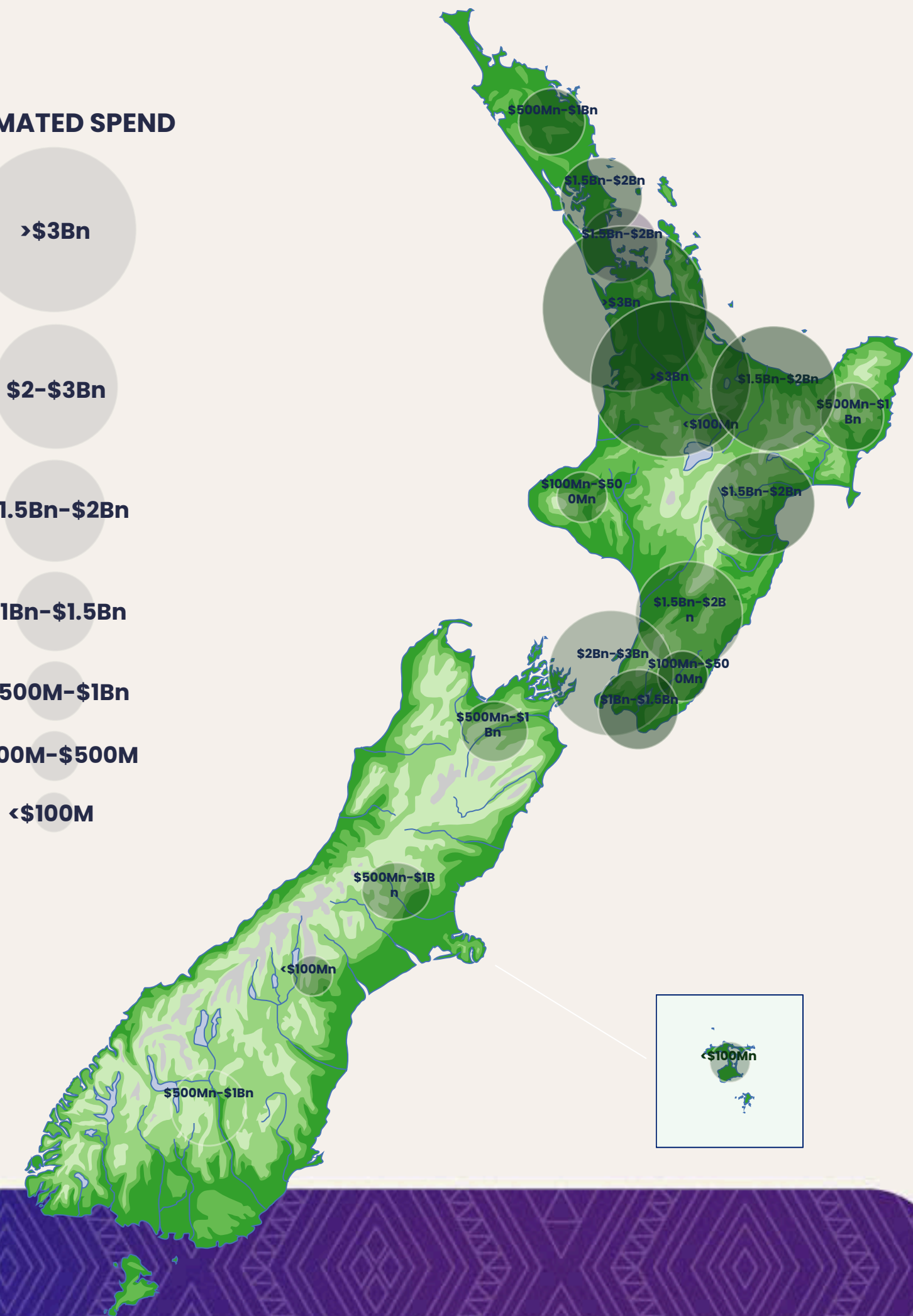
Campus Redevelopments in HIP

Current RHRP

| Whangārei Hospital | Nelson Hospital | Hawkes Bay Hospital | Palmerston North Hospital | Tauranga Hospital |

| Gisborne Hospital | Middlemore Hospital | Northshore Hospital | South Auckland (New Hospital Site) | Timaru Hospital |

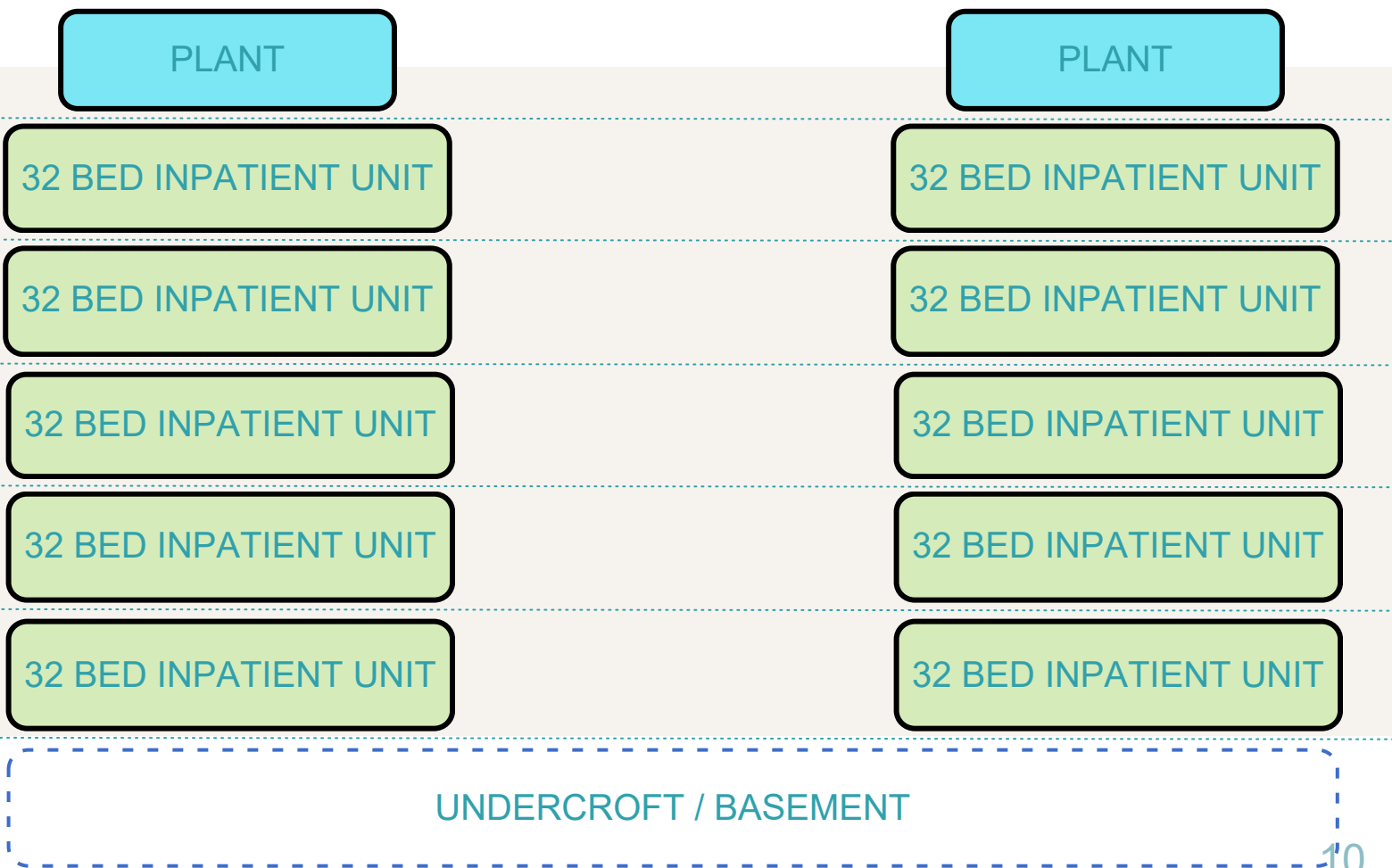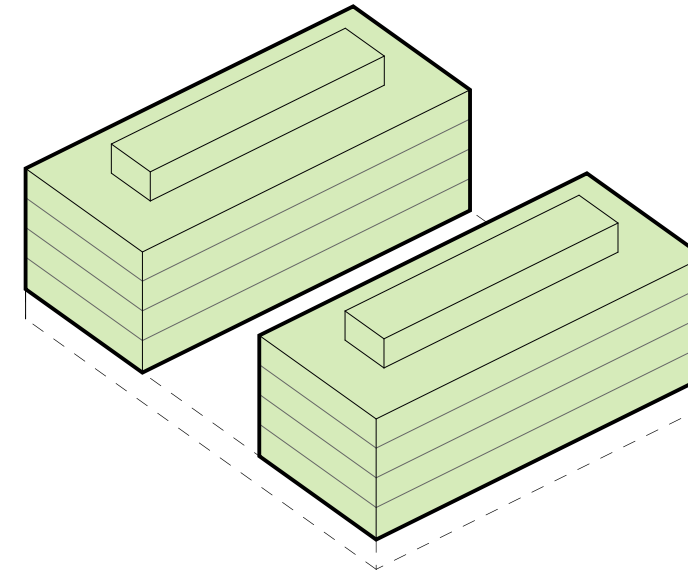| Waikato Hospital | Wairarapa | Waitakere Hospital | Wellington Regional Hospital |

Kit of Parts
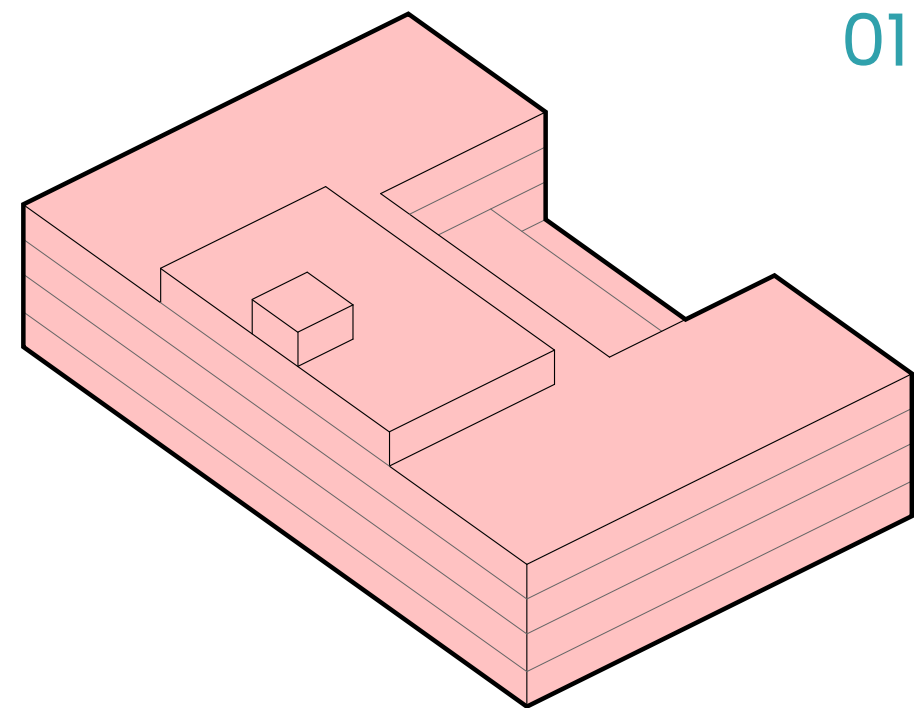
01 – Acute Service Building

L5 - Helipad
L4 - Plant
L3 – Maternity, Birthing, Neonatal
L2 – ICU / HDU / CCU
L1 – Operating Theatres, CSSD
GF – ED, Sat. Radiology , Pharm, IOC

02 – Inpatient Unit

L5 - Plant
L4 - IPU wards
L3 –IPU wards
L2 – IPU wards
L1 – IPU wards

	PLANT	PLANT
HELIPAD		
ROOF — PLANT	32 BED INPATIENT UNIT	32 BED INPATIENT UNIT
LEVEL 4 — MATERNITY IPU, BIRTHING, NEONATAL	32 BED INPATIENT UNIT	32 BED INPATIENT UNIT
LEVEL 3 — ICU, HDU, CCU, THEATRE PLANT	32 BED INPATIENT UNIT	32 BED INPATIENT UNIT
LEVEL 2 — ACUTE THEATRES (+CCL), CSSD	32 BED INPATIENT UNIT	32 BED INPATIENT UNIT
LEVEL 1 — EMERGENCY PHASE 1, SATELLITE RAD., PHARMACY, IOC	32 BED INPATIENT UNIT	32 BED INPATIENT UNIT
GROUND — UNDERCROFT / BASEMENT	UNDERCROFT / BASEMENT	

10
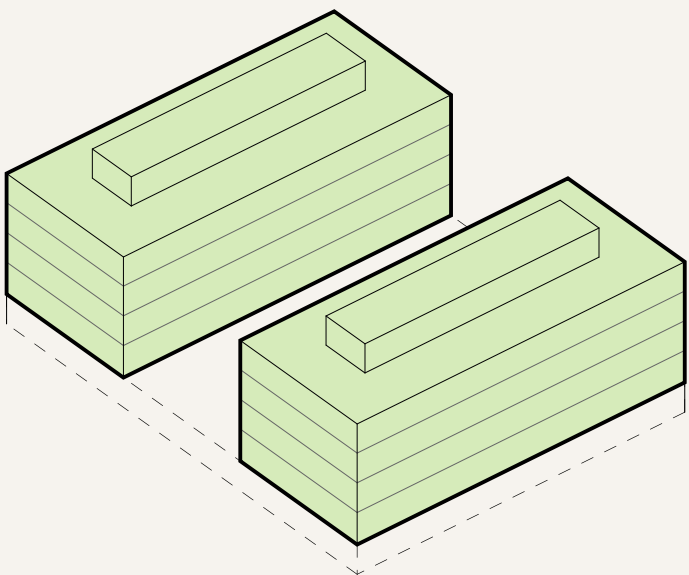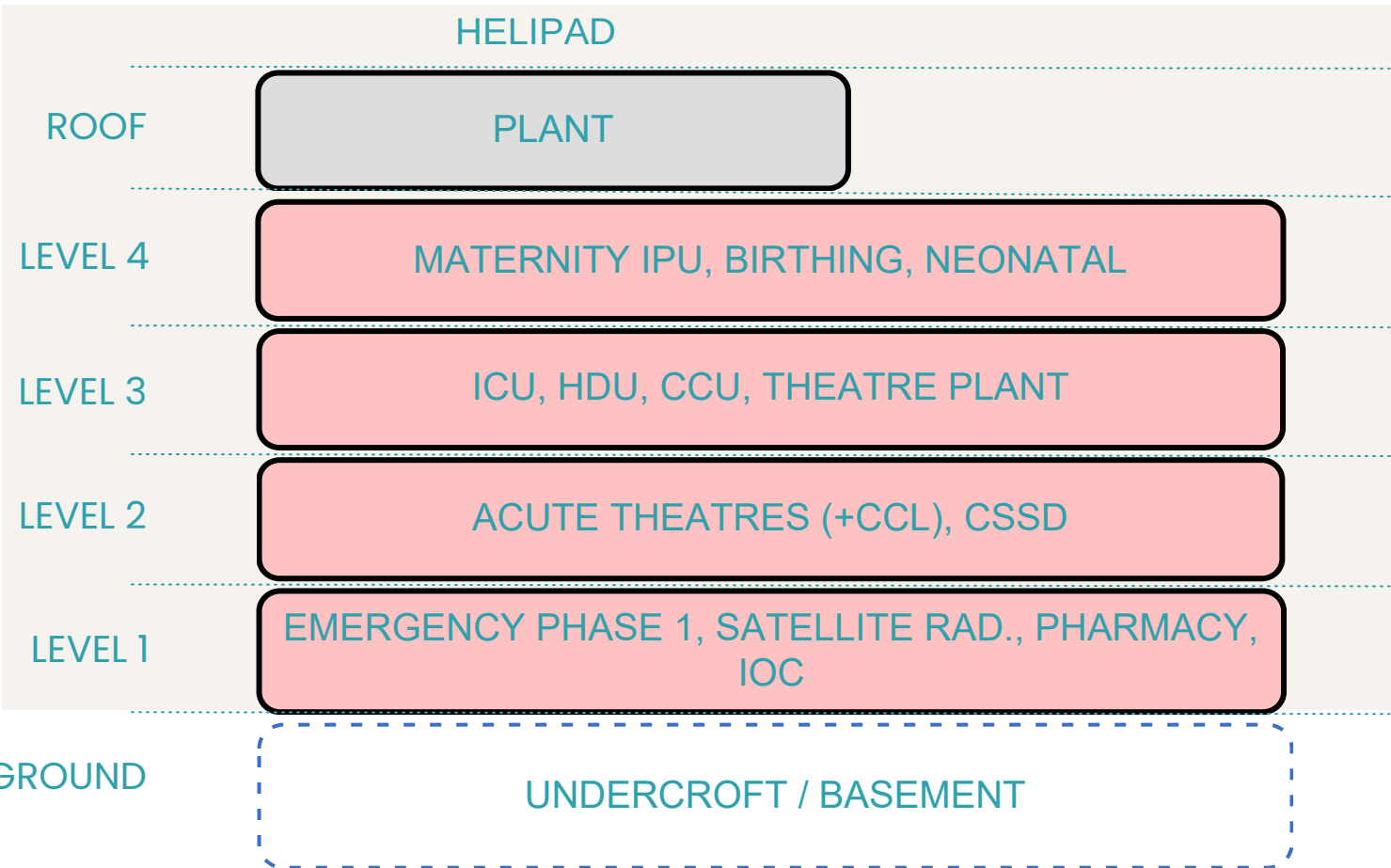
Kit of Parts

01 – Acute Service Building

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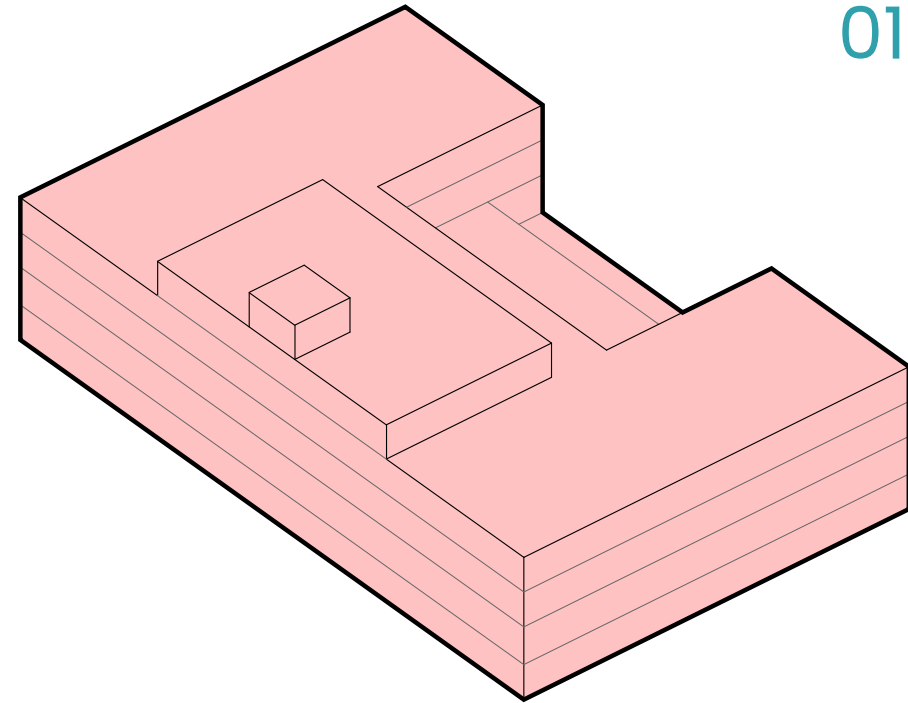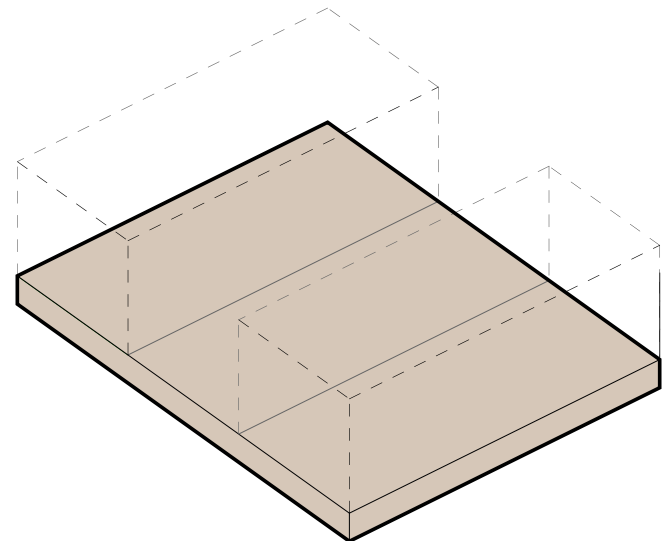
03 – Logistic/Support Podium

GF – Radiology
BL - BOH, Food Services,
Logistics
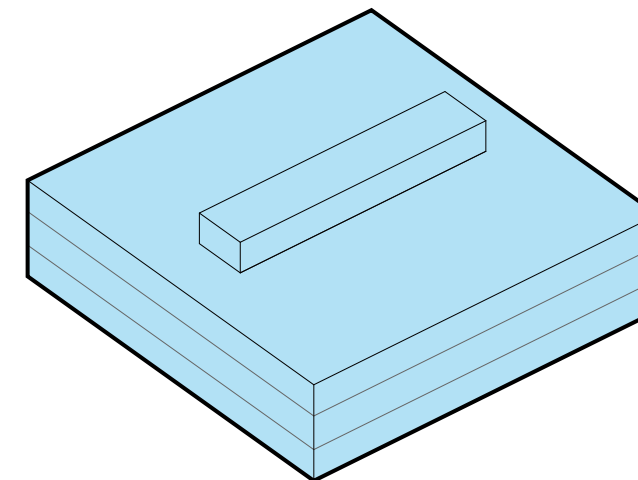
04 – Ambulatory

L3 - OPD
L2 - OPD
L1 – Day Surgery
GF – Radiology & Nuclear Med.

Kit of Parts
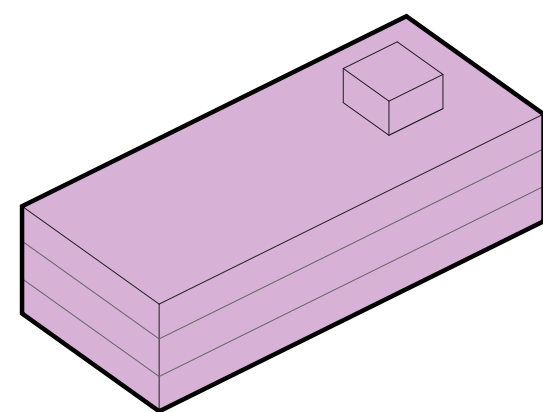
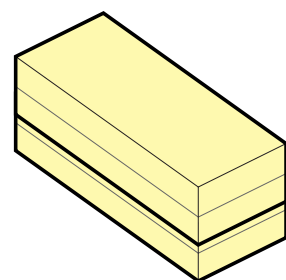**05 – Admin / Support Building**

    L1 – Administration
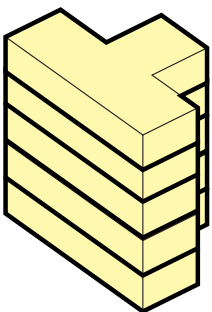   GF – Research & Education
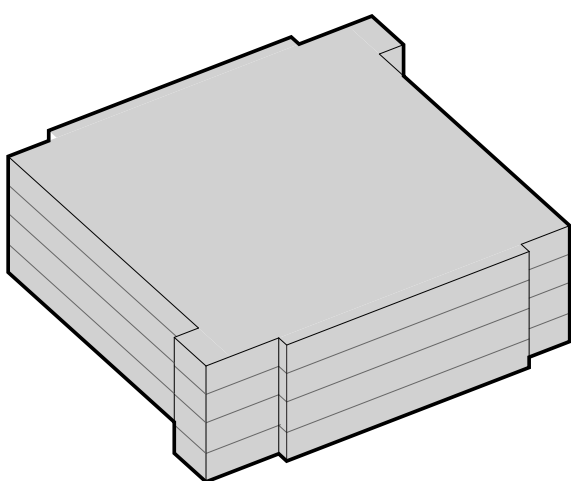
06 – Multistorey Parking

    L3 – Cark parks
    L2 – Cark parks
    L1 – Cark parks
    GF – Cark parks

07 – Campus connectors
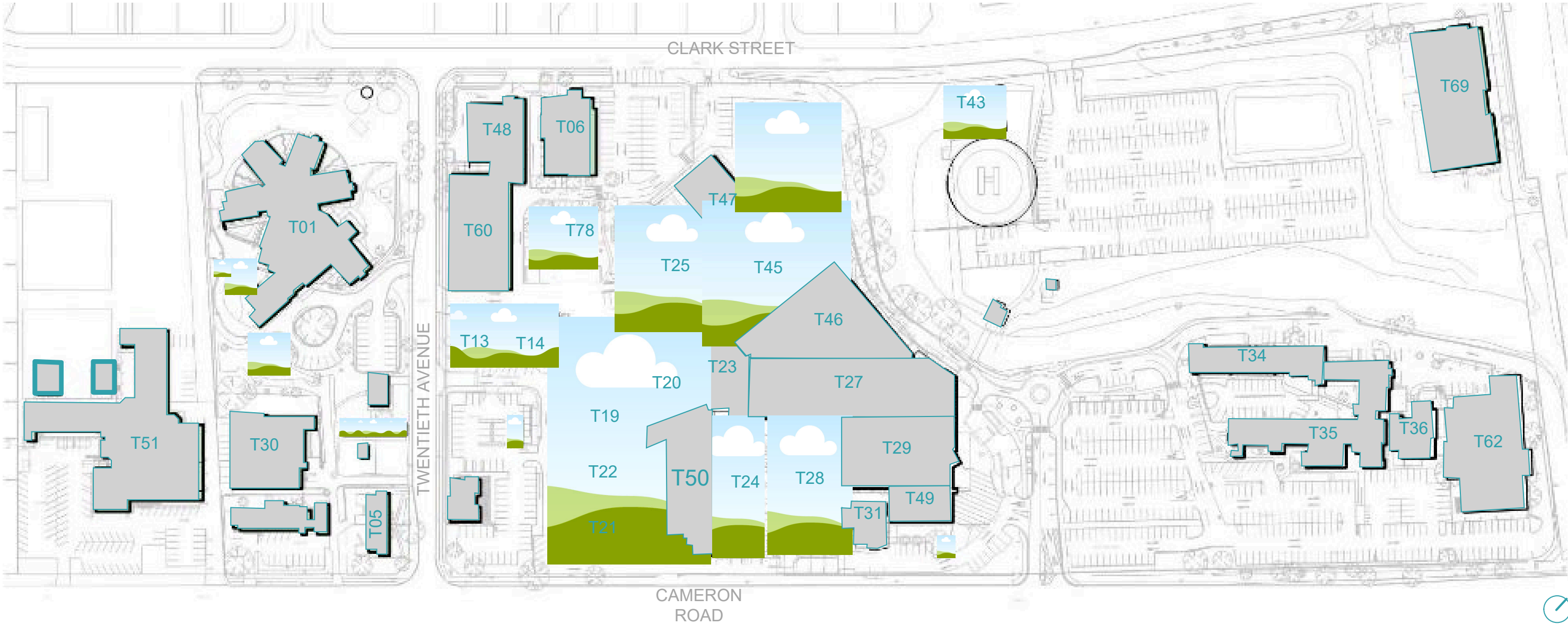
    Horizontal connectors
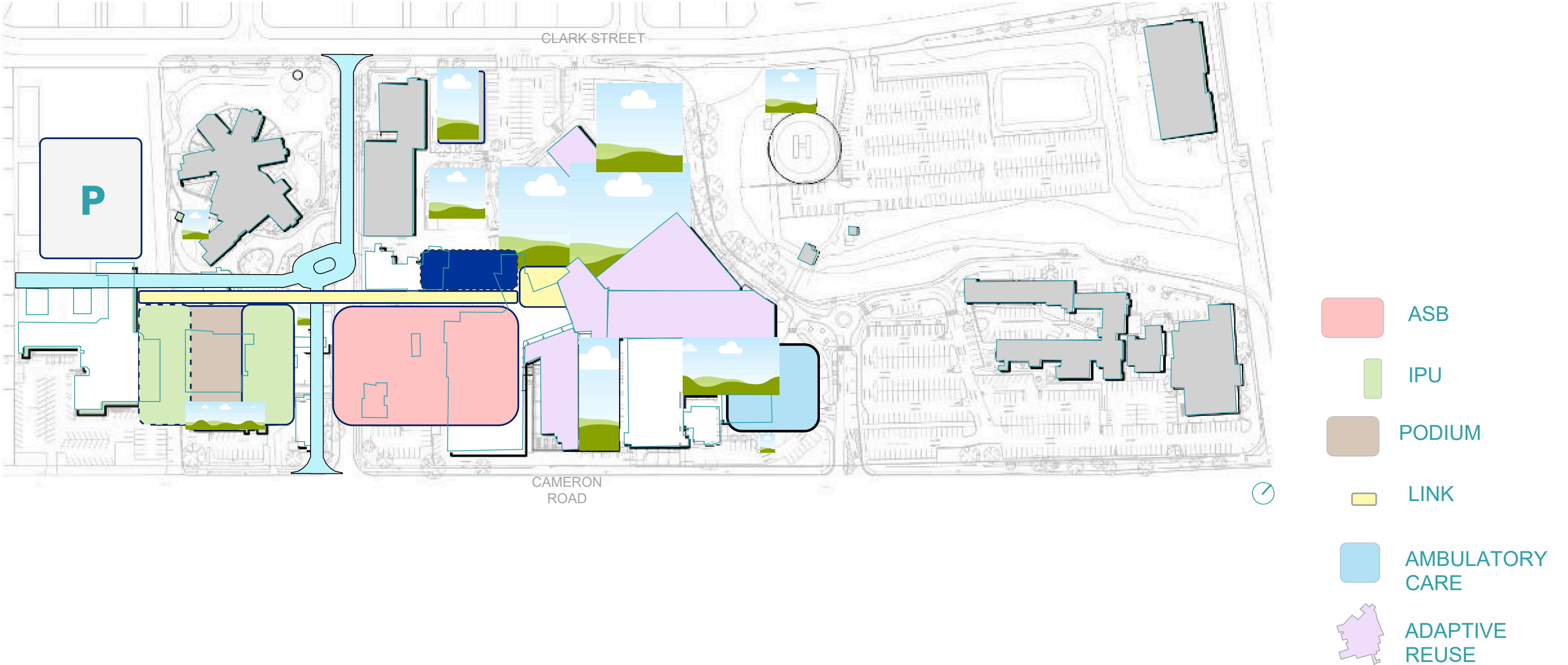   L1 – Clinical Flows
    GF – Public
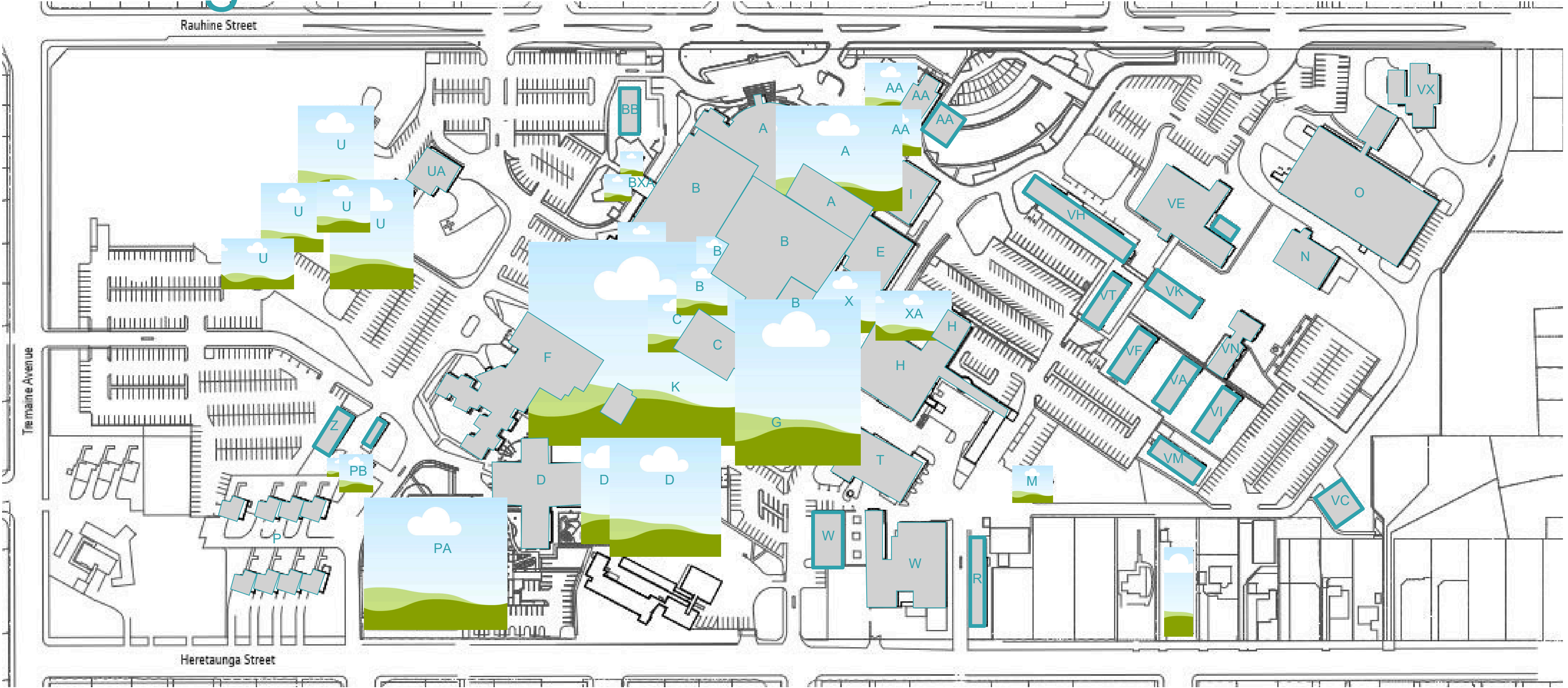   B – Logistics

08 – Buildings Link
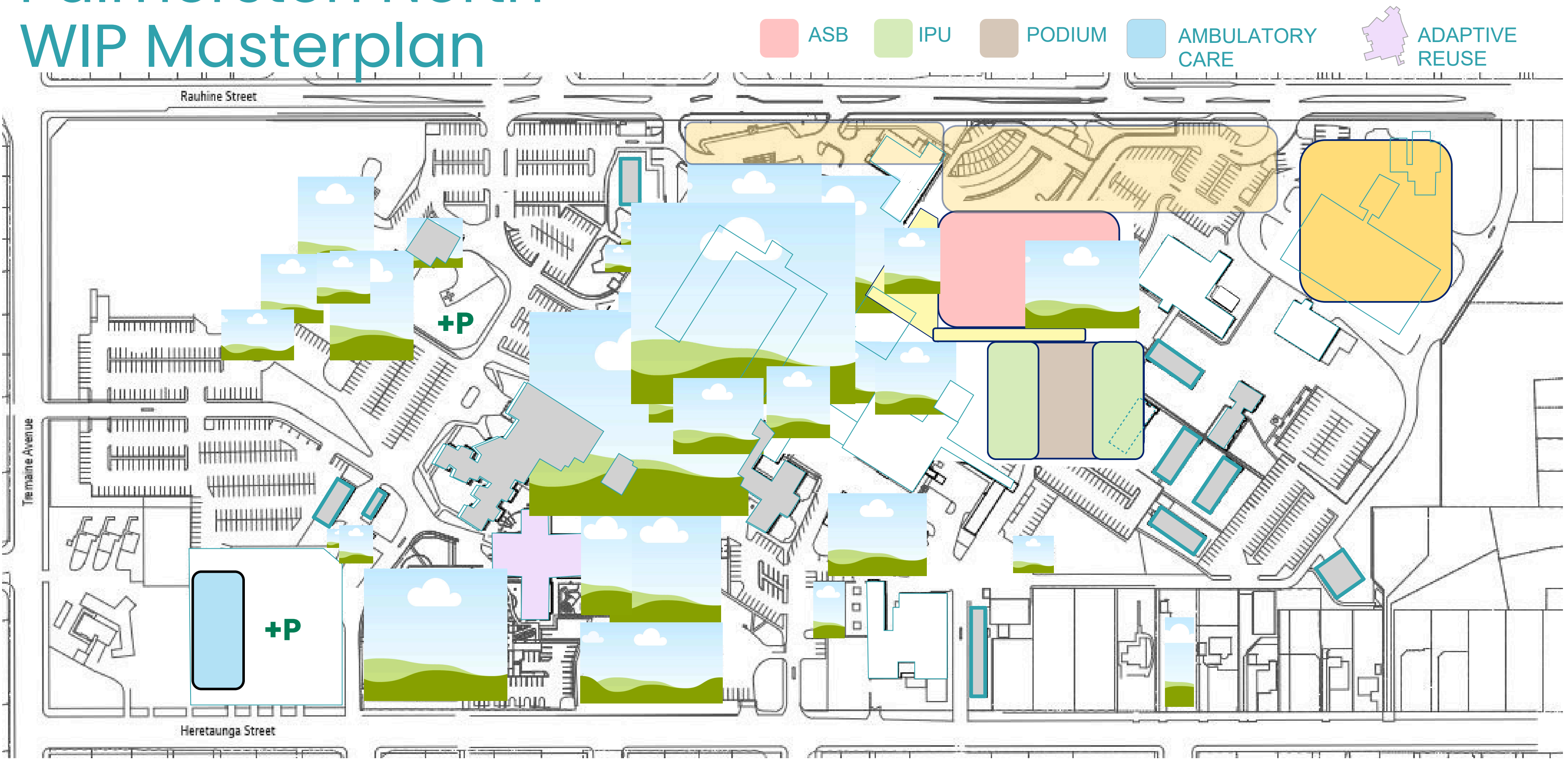
    Vertical Connectors

Tauranga - Existing

CLARK STREET

T48 T06
T60 T78
T25 T45
T47
T43
T69
TWENTIETH AVENUE
T13 T14
T20 T23
T46
T27
T19
T22 T50 T24 T28 T29
T21 T31 T49
T51 T30
T05
T34
T35 T36 T62

CAMERON ROAD

13

Tauranga – WIP Masterplan

CLARK STREET

P

CAMERON ROAD

ASB

IPU

PODIUM

LINK

AMBULATORY CARE

ADAPTIVE REUSE

14

Palmerston North – WIP Masterplan

Legend: ASB, IPU, PODIUM, AMBULATORY CARE, ADAPTIVE REUSE

Rauhine Street

Tremaine Avenue

Heretaunga Street

+P

+P

Hawkes Bay -Existing

Hawkes Bay – Masterplan

Omahu Road

Canning Road

McLeod Road

Orchard Road

P

P

P

ASB

IPU

PODIUM

AMBULATORY CARE

ADAPTIVE REUSE

Timeline chart (2027–2037):

Section 1:
- Enabling works (2027–2028)
- Acute Services Building (2028–2031)
- Logistics Podium (2029–2031)
- Inpatient Unit Towers 1 & 2 (2031–2033)
- Inpatient Unit Tower 3 (2032–2034)
- Refurb & Repurpose (2031–2033)

Section 2:
- Enabling works – Inc. Link (2027–2029)
- Acute Services Building (2029–2031)
- Logistics Podium (2031–2033)
- Inpatient Unit Towers 1 & 2 (2032–2034)
- Inpatient Unit Tower 3 (2034–2036)
- Refurb & Repurpose (2032–2034)

Section 3:
- Enabling works (2027–2028)
- Logistics Podium (2028–2030)
- Inpatient Unit Tower 1 (2029–2031)
- Acute Services Building (2031–2034)
- Refurb & Repurpose (2034–2037)

Key Messages

We are establishing a National Panel of Major Project Delivery Partners:
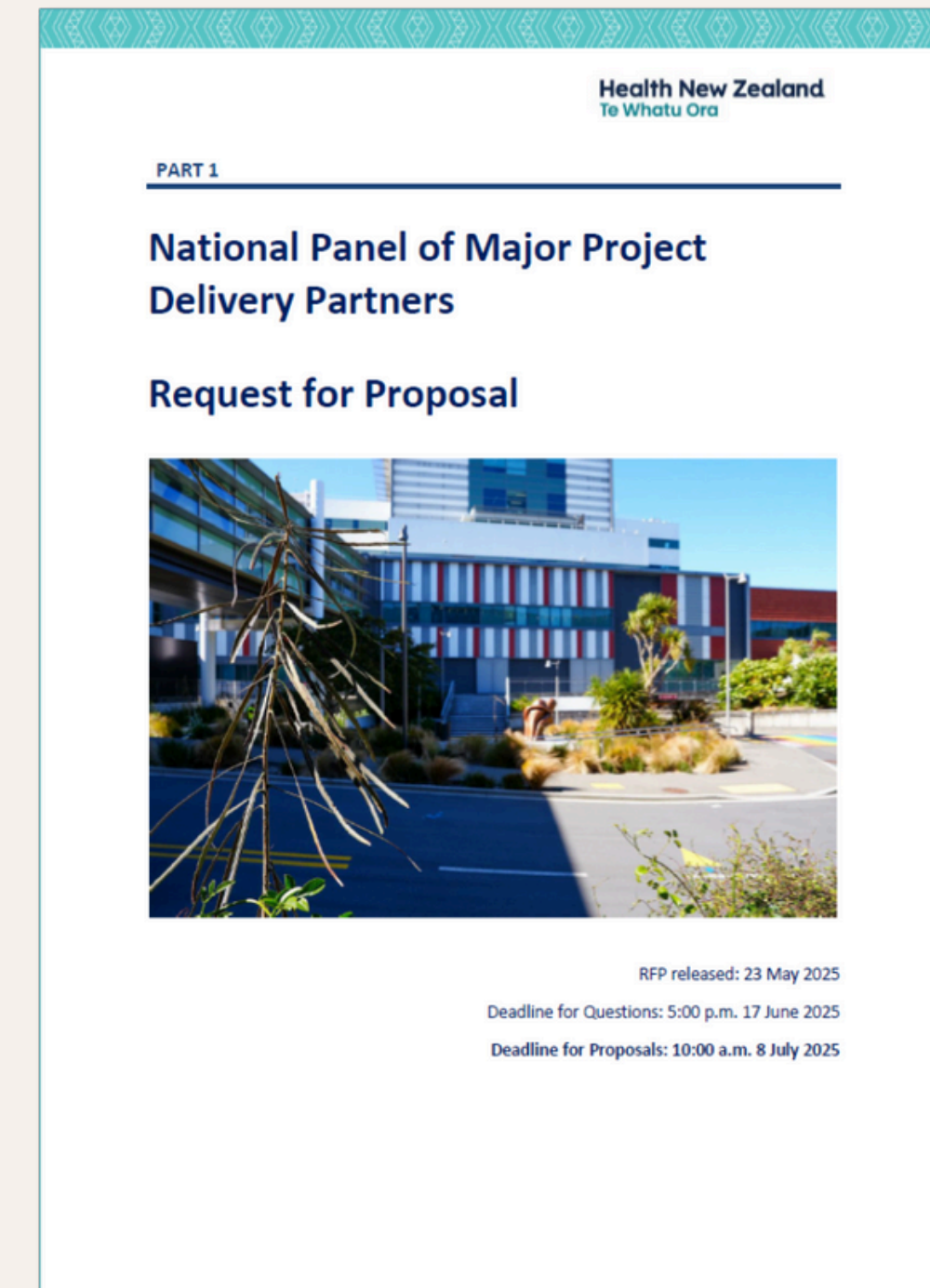
- Procurement tool for major redevelopments
- Ability to scale up to deliver the HIP
- Access to new capability/capacity
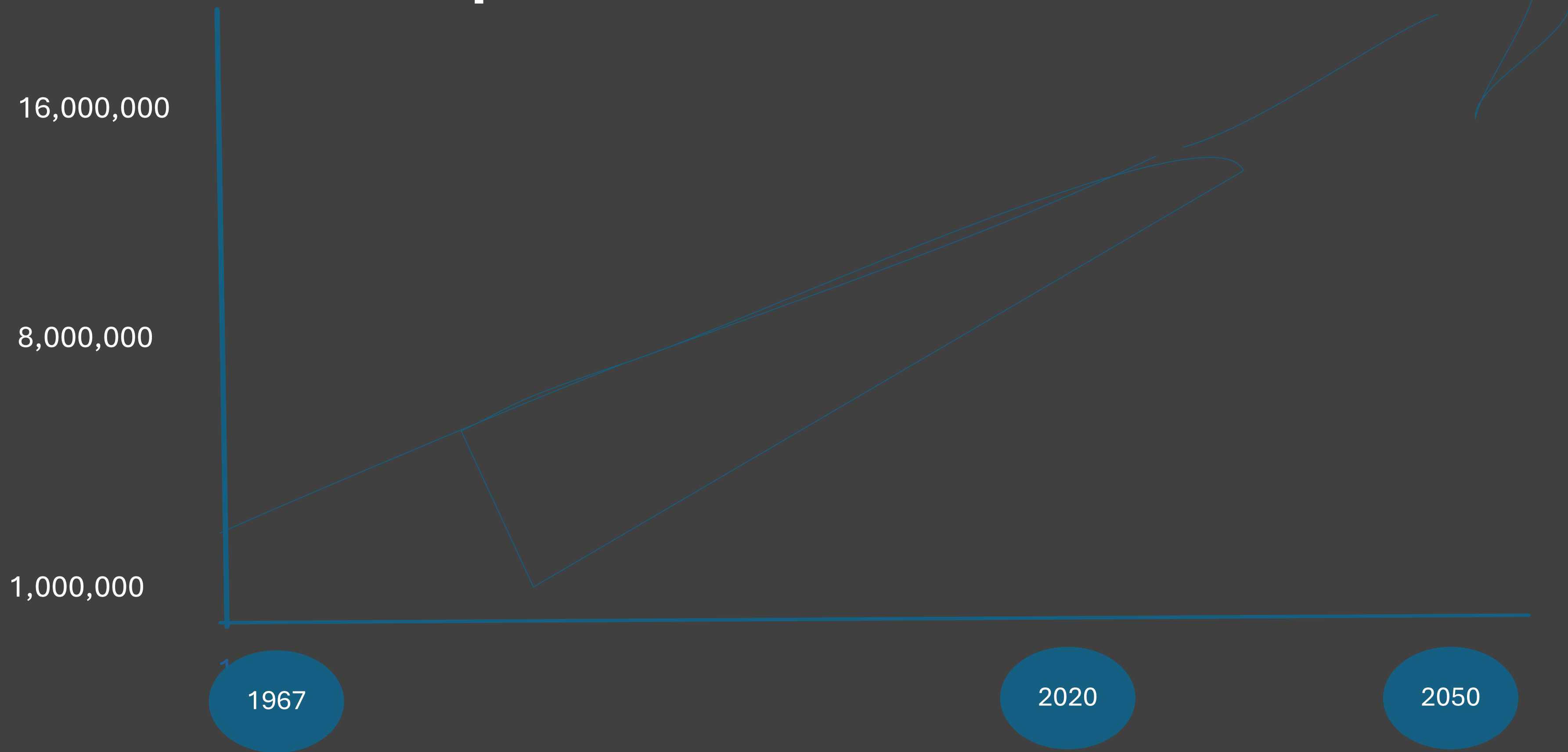- Most projects delivered with traditional procurement

PART 1

National Panel of Major Project Delivery Partners

Request for Proposal

Health New Zealand
Te Whatu Ora

RFP released: 23 May 2025

Deadline for Questions: 5:00 p.m. 17 June 2025

Deadline for Proposals: 10:00 a.m. 8 July 2025

Building for the Next 50 Years
The New Pediatric Health Campus in Dallas

DFW Population Growth

16,000,000

8,000,000

1,000,000

1967

2020

2050