

2023-24 Metropolitan Health Infrastructure Fund Guidelines

Contents

- Submission link 3**
- Submission timeline..... 3**
- Purpose..... 3**
 - Background 3
 - Principles 4
- General eligibility criteria 4**
 - Eligible health services 5
 - Health service submissions (Limits) 5
 - Project delivery – Readiness for implementation 6
- Ineligible and excluded items..... 8**
- Grant submission and evaluation process..... 9**
- Submission approach 9**
- Assessment criteria 10**
 - Buildability of capital/construction projects 12
 - Sustainability 12
- Conditions of funding 12**
 - Asset management 13
 - Governance..... 13
 - Assessment outcome 13
 - Reporting 14
 - Procurement..... 14
 - Disposal 14
- Appendix 1: Construction projects in Victoria - References and links 15**
 - Department of Health website 15
 - Victorian Health Building Authority website 15
 - Department of Treasury and Finance website 15
 - Local Jobs First website 15
 - Jobs Victoria website..... 15
 - Commonwealth policies and procedures..... 16
 - Other..... 16
- Appendix 2: Eligible major medical equipment..... 17**
- Appendix 3: 2023-24 Metropolitan Health Infrastructure Fund – List of eligible services 18**

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Available at [Metropolitan Health Infrastructure Fund](https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund)

<<https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>>

Submission link

The link to the 2023-24 Metropolitan Health Infrastructure Fund (MHIF) submission can be found on the department's [SmartyGrants page](https://dhhs.smartygrants.com.au/MHIF2023-24) <<https://dhhs.smartygrants.com.au/MHIF2023-24>>.

Submission timeline

Submissions to the 2023-24 Metropolitan Health Infrastructure Fund (MHIF) will open at 5:00pm on 02 August 2023 and close at 5:00pm on 27 September 2023.

Late submissions will be addressed on a case-by-case basis and accepted at the discretion of the Director, Sustaining and Enhancing Capital Programs.

Purpose

The purpose of this document is to provide guidelines for metropolitan health services and other eligible agencies to complete submissions for the 2023-24 Metropolitan Health Infrastructure Fund (MHIF).

Background

The Victorian Government established the Metropolitan Health Infrastructure Fund (MHIF) in 2020 to assist city and suburban health services and other eligible agencies to improve the safety and quality of services, enhance service capacity and service efficiency, improve patient and staff amenity and support contemporary models of care through minor capital grants. The investment will enable agencies to ensure continuity of services and manage asset risk.

The key objectives of the Metropolitan Health Infrastructure Fund (MHIF) are to assist metropolitan health services and other eligible agencies to:

- meet compliance obligations
- reduce infrastructure risk and service interruptions/deterioration related to assets
- enhance service capacity, support contemporary models of care and improve patient and staff amenity to meet current needs
- sustain and improve infrastructure assets that provide essential capacity for delivering responsive and appropriate clinical services across metropolitan public health facilities
- further incentivise health services and agencies to implement effective asset management that aligns with existing government frameworks and policies.
- improve safety for patients and healthcare workers through reliable medical equipment
- sustain clinical service continuity and provide greater access for the care and treatments of patients
- support workforce attraction and retention.

The capital funding will result in the delivery of renewal, reconfiguration, and refurbishments across a range of projects and service delivery streams and deliver the key state government policy objective of ensuring all Victorians can access high quality health care, no matter where they live.

Principles

The Fund aligns with the Department of Treasury and Finance and the Victorian Health and Human Services Building Authority asset management frameworks and asset management policies, principles, and practice, available at the following links:

- [Asset Management Accountability Framework](https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework) <https://www.dtf.vic.gov.au/infrastructure-investment/asset-management-accountability-framework>
- [VHBA Asset Management Policy](https://www.vhba.vic.gov.au/resources/asset-management) <https://www.vhba.vic.gov.au/resources/asset-management >

The intent of the government's asset management policy is to achieve service delivery objectives and create an obligation for both the department (from a system perspective) and health services (from a local perspective).

Asset management is a whole-of-asset-lifecycle obligation requiring an understanding of need, capacity, condition, opportunity and risk to drive value-for-money service outcomes.

Appropriate local and central governance arrangements oversee asset planning, investment prioritisation of in-scope items on the basis of risk and, in the case of health services, oversee the replacement process.

Accurate and timely reporting of expenditure enables analysis of future investment needs, reporting to government on expenditure consistent with the defined purpose of the funding provision, and provides a robust information base for program audit.

Health services' and agencies' asset replacement determination needs to be based on departmental frameworks and guidelines for prioritisation, risk management and service planning, as well as the service's role within the health system.

General eligibility criteria

In 2023, the Victorian Budget is providing \$40 million capital funding for the 2023-24 Metropolitan Health Infrastructure Fund (MHIF). Given the constrained funding, the priority focus for the 2023-24 Metropolitan Health Infrastructure Fund (MHIF) is to assist metropolitan health services and other eligible agencies to address 'highest risks' inclusive of major medical equipment:

Highest Risks:

- **Regulatory and Compliance**
- **Quality and Safety (Patient and Staff Safety)**

Note: Submissions with a primary focus or benefit relating to growing demand and service capability will be considered a lower priority. See Table 3 – Evaluation Assessment Criteria for further information.

Eligible health services

The 2023-24 Metropolitan Health Infrastructure Funding (MHIF) will be made available through a grants-based program to Victorian metropolitan health services and other eligible agencies including:

- acute
- sub-acute (rehabilitation care)
- community palliative care services
- mental health
- public residential aged care
- primary and community health
- registered community health organisations (CHOs)
- aboriginal Community Controlled Health Organisations (ACCHOs).

Note: The full list of Eligible Health Services can be found in Appendix 3.

Applicants may be **ineligible** for consideration in this funding round where they have received funding under previous MHIF rounds and either:

- failed to substantially commence their project within two years of receipt of funds
- failed to fully comply with conditions of funding (for example, submission of progress reports, acquittals, unapproved change of scope)
- failed to complete their projects within approved timeframes, without reasonable and adequate justification accepted by VHBA in its absolute discretion.

A series of support resources are identified in Appendix 1.

Health service submissions (Limits)

Table 1: Health service submissions (Limits)

Metropolitan Health Services	<ul style="list-style-type: none">• Limit of 2 submissions per Health Service• Individual submissions not to exceed \$4m• If multiple submissions, specify the priority order (Priority 1 or Priority 2)
Community Health Organisations (CHOs)	<ul style="list-style-type: none">• Limit of 1 submission per organisation• Individual submissions not to exceed \$250,000
Aboriginal Controlled Community Health Organisations (ACCHOs)	<ul style="list-style-type: none">• Limit of 1 submission per organisation• Individual submissions not to exceed \$300,000

Project delivery – Readiness for implementation

Readiness will be assessed against the documentation requirements outlined in Table 2 below.

Table 2: Recommended submission evidence and supporting documentation

Project management plan, outlining; <ul style="list-style-type: none">• governance and reporting structures• key risk and dependencies which may impact ability to deliver the project• key resources required to deliver the project• procurement strategy/approach• Implementation schedule.
Schematic design drawings, conceptual sketch and preliminary documentation
Detailed design drawings, documents and technical specifications and supporting consultant reports (i.e. building services) beyond conceptual, sketch or preliminary documentation phase. <i>Note: It is expected that all design solutions will be consistent with VHBA’s design guidelines and Health Technical Advice.</i>
Schematic or detailed cost plan from an independent professional quantity surveyor , which includes acceptable allowances for design, construction contingencies, escalation, and cost risk
Regulatory approvals (planning, building etc) are in place and conditions able to be satisfied within Total Estimated Investment (TEI)
Other supporting evidence inclusive of photographs of current conditions, evidence of non-compliance, audit or non-compliance reports, worksafe notices etc.
Trade or vendor quotes received

Note: ACCHO submissions will not require detailed documentation for submission process and VHBA will support these organisations to validate Project Cost, Scope and Timelines of any approved funding allocations.

Supported funding applications

Capital funding are available for highest risk projects relating to Quality and Safety and Regulatory Compliance including:

- construction: minor infrastructure including replacement, reconfiguration, remodelling, and refurbishment projects (including minor extensions) to address aged building fabric etc.
- non construction: engineering infrastructure and plant, standalone furniture, and fittings.
- information and communications technology (ICT) e.g. building management systems and fire systems.
- new technologies including systems to reduce usage and increase efficiencies of power and / or water.
- compliance related capital and /or upgrade works e.g. AS4187 including pandemic improvement / readiness, Fire, and life safety works.
- medical equipment and associated building works.

The following are examples of items which may be included in funding submissions:

Infection prevention and control

- compliance with AS4187 Reprocessing of Reusable Medical Devices in Health Service Organisations including cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities, upgrades to central sterile services departments (CSSDs).
- improving infection prevention and control flows and throughput (in context to recent Department of Health and Human Services COVID-19 recommendations).

Fire safety

- fire safety compliance upgrades and the completion of outstanding fire safety works; items such as fire suppression systems, fire storage tanks, fire pump sets, requirement to have sprinkler heads over the doorways of each patient room.

Major medical equipment

- funding for medical equipment that is at end of life or new equipment needed to support contemporary models of care and improvement in patient outcomes including enabling capital works which will;
- improve safety for patients and healthcare workers with reliable medical equipment
- sustain clinical service continuity and provide greater access to care and treatments
- enable the renewal of qualifying at-risk medical equipment which is due or overdue for replacement to be replaced in a timely and prioritised way, consistent with statewide strategic and service plans, service delivery needs and asset management plans
- enable best practice models of care through medical equipment replacement and upgrades
- sustain at-risk assets that provide essential capacity for delivering responsive and appropriate acute clinical services across Victorian public hospitals
- provide a safety net to minimise whole-of-system risks.

Minor medical equipment

- funding for minor medical equipment that is at end of life or new equipment needed to support contemporary models of care and improvement in patient outcomes including enabling capital works; items such as X-ray units, endoscopic/ laparoscopic towers and scopes and IV pumps (syringe drivers, volumetric pumps, patient care analgesia pumps), patient beds and trolleys.
- statewide mobile services such as mobile stroke and renal treatment (lithotripsy) units that provide critical services outside an acute setting.
- pathology equipment and medical fridges and freezers.
- breast screen equipment.
- specialised furniture and fittings in operating rooms, intensive care units and emergency departments such as pendants, operating room lights and operating room tables).
- equipment for dental health where auspiced by a health service such as dental chairs, exam lights and OPG equipment.

Healthcare worker safety

- funding to prevent and control high priority hazards and risks in the workplace and remediate these risks with minor capital works such as egress doors, room configuration / equipment (CCTV, duress alarms), appropriate signage and wayfinding that enhance the security and welfare of people in workplaces.

Construction works

- remodelling, refurbishment and expansion projects to address aged building fabric, compliance and demand issues; and meet universal design standards (see Appendix 1).
- need for buildings to be fit for purpose, for example moving from low care to high care residential aged services
- need for major refurbishment / repairs / reconfiguration / replacement or expansion of ageing buildings and equipment that reflect infrastructure risk mitigation strategies:
 - security systems (access control, CCTV, duress alarms)
 - kitchen upgrades or equipment
 - assets located underground and reticulation services
 - waiting room configurations (infection prevention)
 - tea-room configurations (infection prevention)
 - accessible paths and ramps, Changing Places toilets
 - expansion of services including consulting rooms, wards, pathology, operating theatres.
- address building defects such as leaking roofs, broken sewerage systems and worn carpets, upgrade building services
- refurbishment of existing premises such as new reception and intake areas to bring facilities up to the appropriate standards for universal design, including disability access, and ensure the safety and security of public areas.
- upgrades to ICT systems.
- funding to repair and maintain assets, undertake minor capital improvements, or purchase additional equipment.

Ineligible and excluded items

Projects, or elements of projects which are ineligible and may not be funded by VHBA include:

- operational funding (including recurrent costs for items such as subscriptions, licencing, ongoing support, and increased head count operational resources etc.)
- funding for direct costs of staff not associated with MHIF projects (such as project managers, ICT personnel, etc)
- fixtures, fittings, and furniture not associated with a refurbishment project or specialty medical equipment. Routine replacement of furniture and fittings that are worn is the responsibility of agencies to manage as part of their existing maintenance and replacement program
- general building maintenance such as cleaning, painting, general repairs which are deemed to be operational activities will not be considered
- master planning
- purchase and or leasing of motor vehicles
- motor vehicles.

Grant submission and evaluation process

The submission process is as follows:

1. Call for submissions
2. Eligibility assessment
3. Evaluation panel assessments
4. Buildability review
5. Executive panel endorsement
6. Ministerial approval
7. Agency notification
8. Project execution and delivery.

Timeframe

The indicative timeline for the MHIF 2023-24 Grant funding is as follows:

Milestone	Duration	Key Dates
Submissions open	8 weeks	02 August 2023
Submissions close		27 September 2023
Evaluation period	8 weeks	22 November 2023
Announcement of successful funding		December 2023

Note: Evaluation period may include any required site visits as deemed necessary, and or interviews to better understand current conditions and the nature of investment required.

Submission approach

The Victorian Health Building Authority (VHBA) is using a web-based online application process.

The application should address the selection criteria and include a full description of the key deliverables, funding sought (excluding GST), likely benefits and how key risks would be mitigated. Refer to Table 2 for the recommended submission evidence and supporting documentation.

Online portal for submissions

The online portal SmartyGrants will be the means of submission. The web address to seek information about SmartyGrants is <www.smartygrants.com.au> You will be required to create a password protected login to access the application form. The [SmartyGrants portal access](https://dhhs.smartygrants.com.au/MHIF2023-24) is located at <https://dhhs.smartygrants.com.au/MHIF2023-24>.

All submissions must be:

- from an eligible agency
- endorsed by the Chief Executive Officer

- submitted via the online portal SmartyGrants application form and include relevant supporting documentation as required (for example: project management plan, design drawings, photos, cost plans, quotations and other supporting information, strategy documentation etc.)
- received no later than the SmartyGrants closing date and time **5.00 pm, Wednesday 27th September 2023**
- unless exceptional circumstances apply, applications received after the specified time and date will be deemed ineligible for consideration.

Consultation and advice

Applicants can seek assistance when preparing applications from the [Metropolitan Health Infrastructure Fund email address](mailto:mhif@health.vic.gov.au) <mhif@health.vic.gov.au>, or via the [Metropolitan Health Infrastructure Fund](https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund) webpage on the Victorian Health Building Authority website: <<https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>>

Design guides and technical references

See Appendix 1: Construction Projects in Victoria - References and links for VHBA design and technical guidelines.

Assessment criteria

Applications will be assessed in a panel arrangement using a defined set of assessment criteria. Submissions should reflect agreed policy objectives and demonstrate how the proposed works will meet the objectives of better health for people in Victoria.

Applications should demonstrate:

- how the proposed changes will improve health outcomes for people in metropolitan Melbourne
- alignment with the government's commitments and policies, for example: *Health 2040, Statewide design, service and infrastructure plan*
- how any risks have been identified and mitigation strategies adopted to address these
- evidence to support the problem / issue / risk or opportunity:
 - incident data
 - Safer Care Victoria report
 - independent reports from specialists detailing current risks and or issues and how the project will address these
- describe the benefits your project is expected to achieve supported by metrics / data to measure current performance and targeted outcomes, with timelines based on the successful delivery of the project, for example improved patient services.

Submissions will be assessed by a VHBA evaluation panel using a defined set of assessment criteria.

Submissions should reflect agreed policy objectives and how the proposed works will meet the objectives of better health for people in regional and rural Victoria.

Submissions will be assessed within the project categories (Regulatory and Compliance, Quality and Safety, Respond to Growing Demand / Capability). Those submissions whose primary focus for investment is 'Growing Demand/Capability' will be considered lower priority.

The following criteria will be applied to assess each submission and will be considered with the supporting evidence provided. Submissions should fully address all criteria.

Table 3 below lists the evaluation criteria that will be applied to assess the application, together with any supporting evidence provided.

Table 3: Submission evaluation assessment criteria

Criteria	Details	Weighting
Strategic alignment	<ul style="list-style-type: none"> Alignment with government commitments and policies Alignment with: <ul style="list-style-type: none"> strategic plan statement of priorities service plan and master plan (where relevant). 	20%
Healthcare quality and safety improvement	Addresses one or more of the following <ul style="list-style-type: none"> regulatory compliance standards compliance patient and staff amenity safety, quality risk. 	70%
Service efficiency and demand pressure	Addresses one or more of the following: <ul style="list-style-type: none"> service capacity (for example, improved service options, reduced service fragmentation) demand pressure models of care (for example contemporary models of care / improved services closer to home) service efficiency of targeted services efficiency (for example, new infrastructure, equipment, and technology) health care improvement to your health service. 	10%
Project readiness	Organisational readiness to implement the project, including key milestones and timeframe for completion. Relevant supporting documentation as outlined in the submission requirements section of this document must be provided. All project dependencies must be listed including their potential impact on the project cost, schedule, scope and benefits.	Projects will be assessed as ready, partially ready or not ready
Governance	The degree to which health service/agency governance structures and processes are in place to oversee the proposed project development, implementation, monitoring and reporting. This relates to the governance framework supporting transparency, probity and accountability relating to the delivery of this proposal.	Project governance will be assessed as strong, good or inadequate

Note: Submissions with a primary focus or benefit relating to growing demand and service capability will be considered lower priority.

Note: Project Readiness and Governance criteria are not applicable for ACCHO submissions, as VHBA will support these organisations to validate Project Cost, Scope and Timelines of any approved funding allocations.

Buildability of capital/construction projects

VHBA may require the health service to meet or discuss the details of the proposal or respond to other Requests for Information during the evaluation period. The detail and responsiveness of the health service to respond to such queries will be important for VHBA assessment of each proposal.

Site visits may also be undertaken to better understand current conditions and the nature of investment required.

Sustainability

Climate change represents a fundamental threat to public health. Victoria is already experiencing significant impacts from events which are becoming more frequent and intense as a result of climate change. Therefore, it is critical that the health sector plays a central role in driving action on climate change, seeking solutions and supporting the community to adapt to its impacts.

Delivering sustainable and resilient buildings promotes better patient outcomes, higher employee satisfaction and productivity, lowers operating costs and emissions, and ensures the building is operational at all times to ensure fair and timely access to healthcare.

Any environment benefits that are expected to be achieved from the investment should be highlighted in the submission.

Conditions of funding

1. The funds that will be provided are based on approved project scope as identified within the funding approval letter.
2. Funds are provided only for the approved project and scope including generic type, functionality and number of items in the approved allocation and must not be used for any other purpose.
3. Some funding allocations may 'remain subject to further cost and scope validation', whereby VHBA has determine further clarification is required before cost, scope and timeline can be formally agreed.
4. Any changes to scope, cost or timeframes will require departmental approval. Any increased costs associated with the project will be the responsibility of the health service / health agency.
5. If only specific elements of an application have been approved (partial funding), the health service / health agency must ensure that funds are used only for the approved elements.
6. Where projects are funded from multiple sources, and the additional source of funding is no longer available, the Victorian Government is not obliged to provide any additional funding.
7. Funding provided for any nominated assets must be expended by a health service / health agency in accordance with the notification letter.
8. Applicants should demonstrate that project viability is not dependent on continuing or recurrent Victorian Government funding.
9. Capital works and equipment acquisitions shall not require any growth in recurrent funding from the department.
10. Funding is not available for projects previously funded or already approved for funding from another source.
11. Final payment will be made in accordance with the Milestones and Payment criteria relevant to the project approval as defined in the grant submission. All non-construction projects must be

completed within two financial years. Construction projects must be completed in accordance with the signed Project Agreement.

Asset management

12. On completion of the project, Health services are required to update asset registers, maintenance and asset management plans and provide details of the testing and commissioning plans (including for decommissioning and disposing of the item/infrastructure replaced). Similarly, 'new' acquisitions (outside of the initiative and irrespective of the funding source) are to be included on the asset register and incorporated into future asset management planning.
13. Health services reporting on asset replacement under the initiative are required to demonstrate financial and asset accountability and reporting and investment against asset management plans for engineering infrastructure and medical equipment replacement under these programs.
14. Medical equipment items proposed must be approved by the Therapeutic Goods Administration (including any hybrid technologies) and replacement engineering infrastructure and medical equipment are to comply with Australian Standards, regulations, and guidelines.

Governance

15. Capital delivery under this initiative requires works program management, governance, and internal controls by health services to be consistent with capital project management policies and tailored to the scope and size of the capital expenditure program. Governance processes need to be in place to ensure procurement of the approved asset is consistent with the scope agreed and approved by the department and communicated during the procurement phase so that the purchase remains in-scope and procured within the financial year.
16. Submissions put forward for funding must have satisfied health service / agency governance requirements including that:
 1. projects have been appropriately scoped in accordance with the program requirements.
 2. projects have the required internal personnel available to deliver the approved asset; and
 3. project governance and reporting are in place for these projects.
17. The project(s) will be directly managed by the health service/agency/organisation in a manner that reflects departmental guidelines relating to probity, financial reporting, and project completion information.
18. Those projects which require further clarification with VHBA, may receive an allocation which remains subject to further cost and scope validation' with VHBA.

Assessment outcome

19. All agencies will initially be informed of the outcome of their submission by email. Successful applicants will receive a letter that confirms the scope of funded works, terms of payments and delivery timeframe. This letter will have an attachment that must be signed by the CEO and returned to the Executive Director, Asset Development, and Infrastructure Advisory Services, VHBA, prior to any payments being made. The letter will outline a summary of payment milestones aligned to project phases and gateways.
20. Following receipt of the signed letter, VHBA will need to be kept apprised of the project status to approve the allocated payments in accordance with the agreed terms and milestones. Completed and signed claim forms submitted to VHBA must include supporting invoices (and purchase orders).

21. Funding may be recalled by the department if projects do not proceed or are not completed in a timely manner.

Reporting

22. Health services will be required to provide funding acquittals and monthly status reporting against milestones and liaise with their VHBA project manager on tender specifications and project deliverables.

Procurement

23. Health services must comply with government policies and guidelines in their procurement activities including the [Social Procurement Framework](https://www.buyingfor.vic.gov.au/social-procurement-victorian-government-approach) <<https://www.buyingfor.vic.gov.au/social-procurement-victorian-government-approach>> (where applicable).
24. The department requires health services to work collaboratively with Health Purchasing Victoria to maximise value-for-money procurement of medical equipment or plant items and deliver the most efficient purchasing arrangements, including bulk purchasing to achieve economies of scale. For further information refer to the procurement and purchasing requirements on the Health Purchasing Victoria website at [Health Share Victoria](https://healthsharevic.org.au/) <<https://healthsharevic.org.au/>>.
25. Health services should include the use of Working for Victoria in any procurement tenders. More information is available at [Working for Victoria](https://jobs.vic.gov.au/) < <https://jobs.vic.gov.au/> >.

Disposal

26. Medical equipment/plant/engineering infrastructure replaced must be decommissioned and disposed of in accordance with appropriate and required standards. For further details on decommissioning and disposal refer to the Medical equipment asset management framework at [Medical equipment and engineering infrastructure](https://www.health.vic.gov.au/publications/medical-equipment-asset-management-framework) <<https://www.health.vic.gov.au/publications/medical-equipment-asset-management-framework>>.
27. The finance register, asset register, equipment and engineering registers and asset management plans will be updated by the agency for both the disposal of the replaced asset and the acquisition of the replacement asset including the date of disposal.

Appendix 1: Construction projects in Victoria - References and links

The following sites are resources that can help you with your submission and provide resources to assist with an overview of the requirements for government funded projects in Victoria.

Department of Health website

[Australasian Health Facility Guidelines](https://healthfacilityguidelines.com.au/) <https://healthfacilityguidelines.com.au/>

[Fire risk management procedures and guidelines](https://providers.dffh.vic.gov.au/fire-risk-management-procedures-and-guidelines) < https://providers.dffh.vic.gov.au/fire-risk-management-procedures-and-guidelines>

Victorian Health Building Authority website

[VHBA Metropolitan Health Infrastructure Fund Page](https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund)

<https://www.vhba.vic.gov.au/health/hospitals/metropolitan-health-infrastructure-fund>

[Design guidelines](https://www.vhba.vic.gov.au/resources/design-guidelines) <https://www.vhba.vic.gov.au/resources/design-guidelines>

[Universal design guidelines](https://www.vhba.vic.gov.au/resources/universal-design) <https://www.vhba.vic.gov.au/resources/universal-design>

[Technical guidelines](https://www.vhba.vic.gov.au/resources/technical-guidelines) <https://www.vhba.vic.gov.au/resources/technical-guidelines>

[Masterplanning guidelines](https://www.vhba.vic.gov.au/masterplanning) <https://www.vhba.vic.gov.au/masterplanning>

[Public sector residential aged care services \[Interim\] Facility design guidelines](https://www.vhba.vic.gov.au/public-sector-residential-aged-care-services-interim-facility-design-guidelines)
<https://www.vhba.vic.gov.au/public-sector-residential-aged-care-services-interim-facility-design-guidelines>

Department of Treasury and Finance website

[Delivery of Government Funded projects in Victoria](https://www.dtf.vic.gov.au/infrastructure-investment/public-construction-policy-and-resources) <https://www.dtf.vic.gov.au/infrastructure-investment/public-construction-policy-and-resources>

[Ministerial Directions and Instructions – Public Construction Procurement](https://www.dtf.vic.gov.au/public-construction-policy-and-resources/ministerial-directions-and-instructions-public-construction-procurement)
<https://www.dtf.vic.gov.au/public-construction-policy-and-resources/ministerial-directions-and-instructions-public-construction-procurement>

[Practitioners Toolkit](https://www.dtf.vic.gov.au/public-construction-policy-and-resources/practitioners-toolkit) <https://www.dtf.vic.gov.au/public-construction-policy-and-resources/practitioners-toolkit>

[Construction Supplier Register](https://www.dtf.vic.gov.au/infrastructure-investment/construction-supplier-register) <https://www.dtf.vic.gov.au/infrastructure-investment/construction-supplier-register>

[Full Business Case Template](https://www.dtf.vic.gov.au/investment-lifecycle-and-high-value-high-risk-guidelines/stage-1-business-case) <https://www.dtf.vic.gov.au/investment-lifecycle-and-high-value-high-risk-guidelines/stage-1-business-case>

Local Jobs First website

[Victorian Industry Participation Policy](https://localjobsfirst.vic.gov.au/about/local-jobs-first) <https://localjobsfirst.vic.gov.au/about/local-jobs-first>

[Major Projects Skills Guarantee](https://localjobsfirst.vic.gov.au/agency-guidance/major-project-skills-guarantee) <https://localjobsfirst.vic.gov.au/agency-guidance/major-project-skills-guarantee>

Jobs Victoria website

[Working for Victoria](https://jobs.vic.gov.au/) < https://jobs.vic.gov.au/ >

Commonwealth policies and procedures

[Building and Construction Industry \(Improving Productivity\) Act 2016](https://www.legislation.gov.au/Details/C2017C00042)

<<https://www.legislation.gov.au/Details/C2017C00042>>

[Code for the Tendering and Performance of Building Work 2016](https://www.legislation.gov.au/Details/F2017C00125)

<<https://www.legislation.gov.au/Details/F2017C00125>>

[Australian Government Building and Construction Workplace Health and Safety Accreditation Scheme](https://ablis.business.gov.au/service/ag/australian-government-building-and-construction-workplace-health-and-safety-accreditation-scheme/301)

<<https://ablis.business.gov.au/service/ag/australian-government-building-and-construction-workplace-health-and-safety-accreditation-scheme/301>>

[National Construction Code](https://ncc.abcb.gov.au/) <<https://ncc.abcb.gov.au/>>

Other

[Changing Places design specifications 2020](https://providers.dffh.vic.gov.au/changing-places) <<https://providers.dffh.vic.gov.au/changing-places>>

Appendix 2: Eligible major medical equipment

Assets considered for replacement are existing *single* items to sustain current services only, costing more than \$300,000 (excluding GST).

Major technical upgrades to existing imaging equipment may be considered for funding where the benefits and extension of effective life can be demonstrated.

The following assets are some examples of the in-scope medical equipment items for funding consideration.

<p>1. Imaging</p>	<ul style="list-style-type: none"> • Transoesophageal echocardiograms • General x-ray (imaging unit only) • Angiography <ul style="list-style-type: none"> ○ Imaging unit, gantry ○ Patient table, operator console and displays ○ Control circuit cabinets and computer • Fluoroscopy unit <ul style="list-style-type: none"> ○ Imaging unit ○ Patient table, operator console and displays ○ Control circuit cabinets and computer • Cardiac catheter laboratory <ul style="list-style-type: none"> ○ Imaging unit, x-ray gantry (C-arm) ○ Patient table, x-ray control cabinets ○ Operator console and displays ○ X-ray image display screens and mounting hardware ○ Haemodynamic monitor, including displays, contrast media injector 	<ul style="list-style-type: none"> • Image intensifier (imaging unit only) • Mammography units (imaging unit only) • Computed tomography (CT) <ul style="list-style-type: none"> ○ Imaging unit, gantry ○ Patient table, operator console and displays ○ Control circuit cabinets and computer • Magnetic resonance imaging (MRI) <ul style="list-style-type: none"> ○ Imaging unit, gantry, ○ Patient table, operator console and displays ○ Control circuit cabinets and computer ○ RF Coils ○ Injectors <p>MRI compatible associated equipment such as anaesthetic unit and monitoring equipment will be assessed on a case by case basis and must be outlined in the submission proposal.</p>
<p>2. Nuclear medicine</p>	<ul style="list-style-type: none"> • Gamma camera • SPECT-CT gamma camera • Positron emission tomography – CT (PET-CT) 	<p>In-scope for nuclear medicine equipment</p> <ul style="list-style-type: none"> • <i>Imaging unit, gantry</i> • <i>Patient table, operator console and displays</i> • <i>Control circuit cabinets and computer</i>
<p>3. Operating room</p>	<ul style="list-style-type: none"> • Operating room microscopes 	<ul style="list-style-type: none"> • Stereotactic units (neurosurgical or orthopaedic)
<p>4. Sterilising and disinfecting units</p>	<ul style="list-style-type: none"> • Steriliser 	<ul style="list-style-type: none"> • Disinfecting unit

Health services should consider the requirements of bariatric patients when replacing equipment outlined above.

Appendix 3: 2023-24 Metropolitan Health Infrastructure Fund – List of eligible services

The following public health services and agencies are eligible to apply for the 2023-24 Metropolitan Health Infrastructure Fund.

Metropolitan Health Services		
Alfred Health	Forensicare	Peter MacCallum Cancer Institute
Austin Health	Melbourne Health	The Royal Children's Hospital
Calvary Health Care Bethlehem	Mercy Hospitals Victoria	The Royal Women's Hospital
Dental Health Services Victoria	Monash Health	The Royal Victorian Eye and Ear Hospital
Djerriwarrh Health Services	Northern Health	St Vincent's Hospital Melbourne
Eastern Health	Peninsula Health	Western Health

Registered Community Health Services (CHOs)	
Access Health and Community	IPC Health
Banyule Community Health	Latrobe Community Health Service (Metro sites only)
BHN Better Health Network	Merri Health
Cohealth	North Richmond Community Health Limited
DPV Health	Primary Care Connect
EACH	Sunbury and Cobaw Community Health Centre (Metro sites only)
HealthAbility (Nillumbik Community Health Service Ltd)	Your Community Health
Inspiro (formerly Ranges Community Health)	

Metropolitan Aboriginal Community Controlled Health Organisations (ACCHOs)

Aboriginal Community Elders Services	Kirrip Aboriginal Corporation	Victorian Aboriginal Health Service
Boorndawan Willam Healing Service	Melbourne Aboriginal Youth Sport And Recreation	Weenthunga Health Network Inc
Bubup Wilam Aboriginal Child and Family Centre	Mullum Mullum Indigenous Gathering	Nairm Marr Djambana (Frankston)
Dandenong and District Aborigines Co-Operative Ltd	Ngwala Willumbong Aboriginal Corporation	
First People's Health and Wellbeing	Oonah Health and Community Services Aboriginal Corporation	

Community Residential Rehabilitation	Youth Residential Rehabilitation	Adult Residential Rehabilitation
ERMHA	ACSO	MIND Australia
Mentis Assist	Cohealth	McAuley Community Services for Women
Sacred Heart Mission	EACH	Sacred Heart Mission
Uniting Vic Tas	MIND Australia	
MIND Australia	Neami National	
	Wellways Australia	
	Uniting Care	

Metropolitan Community Palliative Care – NGO

Metropolitan Community Palliative Care - Health Service

Banksia Palliative Care Services	Calvary Health Care, Bethlehem
Eastern Palliative Care Association	
Melbourne City Mission	
Mercy Palliative Care	
Palliative Care South East	
Peninsula Home Hospice	

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